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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 21 2013

T. BROWN

11/2 - 1-1991

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbean Financial Groups, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly A. O'Steen
(Name of Person)

Kimberly A. O'Steen, P.L.L.C.
(Firm/Company)

P. O. Box 600932
(Address)

Jacksonville, Florida 32260
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly A. O'Steen at (904) 543-9908

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is
enclosed)

\$160.00
Filing Fee.
Certificate of
Status &
Certified Copy
(additional copy
is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



Kimberly A. O'Steen, P.L.
Attorney at Law
P. O. Box 600932
Jacksonville, Florida 32260

Tel: (904) 543-9908
Fax: (904) 292-0759
E-mail: kosteen@kimosteenlaw.com

Member Florida Bar
Member Middle District of Florida

November 14, 2013

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Letter Number: 813A00025994, CARIBBEAN FINANCIAL GROUPS, LLC

To Whom It May Concern:

Please find enclosed Articles of Organization For Florida Limited Liability Company with a physical address for the registered agent.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberly A. O'Steen".

Kimberly A. O'Steen



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2013

KIMBERLY A. O'STEEN, P.L.L.C.
PO BOX 600932
JACKSONVILLE, FL 32260

SUBJECT: CARIBBEAN FINANCIAL GROUPS, LLC
Ref. Number: W13000061996

We have received your document for CARIBBEAN FINANCIAL GROUPS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 813A00025994

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

Caribbean Financial Groups, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Suad Rizvanovic
1251 Beach Blvd.
Jacksonville, Florida 32250

Mailing Address:

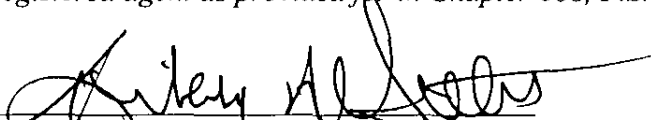
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**ARTICLE III – Registered Agent, Registered Office & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

Kimberly A. O'Steen, Esq.
4600 Touchton Road, Building 100, Suite 150
Jacksonville, Florida 32246

Having been named as registered agent and to accept service of process for the above state limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV – Manger(s) or Manager Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager
“MGRM” = Managing Member

Name and Address:

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TALLAHASSEE, FLORIDA

MGRM

Suad Rizvanovic
1251 Beach Blvd.
Jacksonville, Florida 32250

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts state herein are true).

Suad Rizvanovic
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)