

L13000 174280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

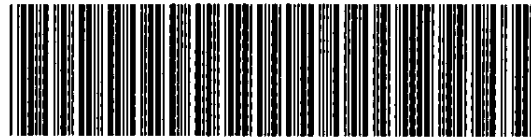
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200254755322

12/17/13--01003--030 **130.00

Effective Date

1/20/14

FILED

2013 DEC 17 PM 1:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 18 2013
T. HAMPTON

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scrivener's Editor, 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:

Belia Peña

Name of Person

Firm/Company

3191 Grand Ave, PO Box 331291

Address

Miami, FL 33233-1291

City/State and Zip Code

scrivenerseditor@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Belia Peña

Name of Person

917 6690498

at ()

Area Code & Daytime Telephone Number

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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



234 N.E. Third Street, #1109
Miami, FL 33132

November 18, 2013

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

Re: Creation of Scrivener's Editor, LLC

Dear Sir or Madam:

Enclosed are the Articles of Organization for Scrivener's Editor, LLC. Please accept this document as a filing required for the creation of a limited liability company pursuant to Chapter 608.4081, Florida Statutes. Also enclosed is a check in the amount of \$130.00 for the purpose of paying the required fee and obtaining a certificate of status.

Please contact me at (917) 669-0498 if you need additional information or assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Belia Peña", written over a white background.

Belia Peña

Effective Date 1/20/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scrivener's Editor, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

234 NE 3rd St.
1109
Miami, FL 33132

3191 Grand Ave, PO Box 331291
Miami, FL
33233-1291

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

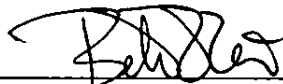
The name and the Florida street address of the registered agent are:

Belia Peña
Name

234 NE 3rd St, #1109
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33132
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

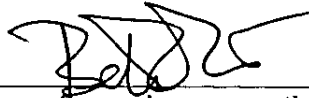
MGRM

Belia Peña
234 NE 3rd st, #1109
Miami, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/20/2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

BELIA PEÑA

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)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA