

L13000175969

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

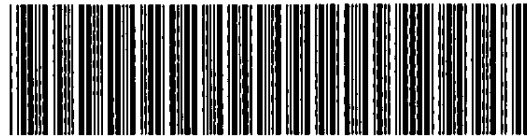
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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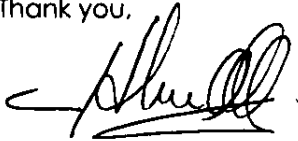
Ana Maria de Alba  
Allette Properties LLC.  
c/o CSMB International Inc.  
300 71st Street Suite 450  
Miami Beach, FL 33141

December 17, 2013

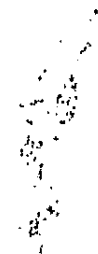
Dear Sirs:

Enclosed is our application for establishing Allette Properties LLC. Also, enclosed is a check for \$130.00.

Thank you,

A handwritten signature in black ink, appearing to read 'Ana Maria de Alba', with a horizontal line underneath.

Ana Maria de Alba  
Manager

A faint, handwritten mark or signature in the right margin, possibly a date or initials.

(850) 245-6051.

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **Allette Properties 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:

**Ana Maria de Alba**

Name of Person

**Allette Properties LLC c/o CSMB International Inc.**

Firm/Company

**300 71st Street #450**

Address

**Miami Beach, FL 33141**

City/State and Zip Code

**dearmasceleste71@gmail.com**

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

For further information concerning this matter, please call:

**Ana Maria de Alba**

Name of Person

at ( **305** ) **865-5664**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Allette Properties 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:

300 71st Street #450 Miami Beach, FL 33141

#### Mailing Address:

Allette Properties LLC c/o CSMB International, Inc.

300 71st Street, Suite 450

Miami Beach, FL 33141

### 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:

Ana Maria de Alba

Name

300 71st Street, Suite 450

Florida street address (P.O. Box **NOT** acceptable)

Miami Beach, FL 33141

FL

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)

**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:**

Manager

Ana Maria de Alba

300 71st Street #450

Miami Beach, FL 33141

Manager

Celeste De Armas

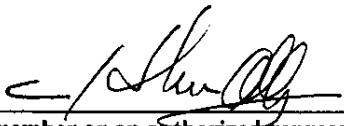
300 71st Street #450

Miami Beach, FL 33141

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 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.)

Ana Maria de Alba

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)**