# L1400007213

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W13-48	143	

Office Use Only

FEFFCTIVE DATE OF OF



800254587558

12/16/13--01043--001 \*\*160.00

2014 JAN -2 AM 6: 49

OAN'14 2014



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 3, 2014

ANAMILE FERRAGUT 3395 SANDPIPER WAY NAPLES, FL 34109

SUBJECT: IB & SERVICES LLC Ref. Number: W13000068743

We have received your document for IB & SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L100000108758.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 714A00000114



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2013

ANAMILE FERRAGUT 3395 SANDPIPER WAY NAPLES, FL 34109

SUBJECT: IB. GROUP, LLC Ref. Number: W13000068743

We have received your document for IB. GROUP, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is P11000030014.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 813A00028605

# **COVER LETTER**

TO: Registration Secti Division of Corpo		
SUBJECT: 7	Vorida IB&S, LLC Name of Limited Liability Company	
The enclosed Articles of Or	rganization and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
Qr	namile Ferragul	
	Name of Person	
	Managua R	
	Eiry/Company	<del>-</del> i
<b></b>		
<i>3395</i>	Sandpiber Way	_ 2
	Address	
nah	100 FL 34109	. A.
- I Web	City/State and Zip Code	2
_anami	le fb o yahoo. com  B-mail address/ (to be used for future annual report notification)	_ <b>}</b>
	B-mail address/(to be used for future annual report notification)	٠ ئ
For further information cond	cerning this matter, please call:	49
Quamile + er	rson at (239) 860-1216. Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status  Certified Copy Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	s &

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:
Florida IB&S, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
7395 Sandpiber Way Apples FC 34109  Apples FC 34109
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 another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:  Luis F. Escobar  Name  3395 Sandpiper Way  Florida street address (P.O.J.Bok NOT acceptable)
City FL 34/09 Zip
Having been named as registered agent and to accept service of process for the above stated limited hability 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 605. F.S  Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	And the state of t
"MGR" = Manager	
MORM	
. 4.100	1 .1
_AMBR_	Anamile terragul
	3395 Sandpiper Way
	Maples 76 34109.
MGR	Luis F. Escobar
<u></u>	3395 Sampiber Way
	Vaples FZ 34/09.
(Use attachment if necessary)	
ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days
ective date is listed, the date must be sp of filing.)	
lective date is listed, the date must be spoffiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Aleuagul
lective date is listed, the date must be spoffiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me	Aluague and cannot be more than five business days prior to or 90 days  Aluague and a gue
lective date is listed, the date must be spoffiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section)	ember or an authorized rypresentative of a member.  605.0203 (1) (b), Florida statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation t I am aware that any false in	ember or an authorized rypresentative of a member. 605.0203 (1) (b). Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a management	ember or an authorized rypresentative of a member. 605.0203 (1) (b). Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a management	ember or an authorized rypresentative of a member. 605.0203 (1) (b). Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a management	ember or an authorized rypresentative of a member. 605.0203 (1) (b). Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a management	ember or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State relony as provided for in s.817.155, F.S.)  Elony as provided for in s.817.155, F.S.)  Typed or printed name of signee
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for a mile.)	ember or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercised 1.  Typed or printed name of signee  Filing Fees:
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for Articles of Or	ember or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercised 1.  Typed or printed name of signee  Filing Fees:
Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document and the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercago  Typed or printed name of signee  Filting Fees: rganization and Designation of Registered Agent
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member.  605.0203 (1) (b), Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercago  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  and
Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for \$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member. 605.0203 (1) (b). Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercago  Typed or printed name of signee  Filing Fees: rganization and Designation of Registered Agent  and
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation to I am aware that any false in constitutes a third degree for Articles of Or \$ 30.00 Certified Copy (Optional)	ember or an authorized representative of a member.  605.0203 (1) (b), Florida statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Exercago  Typed or printed name of signee  Filing Fees:  rganization and Designation of Registered Agent  and