

L14 0 00024709

(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



700256235087

02/03/14--01048--008 \*\*160.00

14 FEB -3 AM 9:26  
STATE OF ILLINOIS  
JANUARY 14 2014

J. Stivers FEB 13 2014

LLC filed in error w/same name as existing entity.  
Record updated 03/18/14; mmilligan

2567

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.117 FAX: (800) 388-0330  
EMAIL: Maria@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REGULAR FILING SERVICE**

DATE: Wednesday, January 29, 2014

FROM: MARIA SANFORD

Client Matter: # 9001715 / 4560533

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: ~~NORWOODS LLC~~ **NORWOODS LLC** NORWOODS INVESTMENTS LLC

Enclosed is one of the following: **(X) Articles of Organization**

Return request with filing: **(2) Certified Copy**  
**(1) Certificate of Status**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: (4)

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET, COMMERCE, CA 90040\*\***

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

CHECK # 723562 \$160.00 (Filing fee, Certificate of Status and Certified Copy)  
CHECK # 723553 \$ 30.00 (Additional Certified Copy)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORWOODS INVESTMENTS 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:

Maria Sanford

(Name of Person)

Attorneys Corporation Service

(Firm/Company)

5668 E. 61st Street

(Address)

Commerce, ca 90040

(City/State and Zip Code)

For further information concerning this matter, please call:

maria sanford

(Name of Person)

at ( 800 )

462-5487 EXT. 117

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORWOODS INVESTMENTS 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:

1015 EAST SUNRISE BOULEVARD UNIT 501  
FORT LAUDERDALE, FL 33301

1015 EAST SUNRISE BOULEVARD UNIT 501  
FORT LAUDERDALE, FL 33301

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:

JUAN NORIEGA

Name

1015 EAST SUNRISE BOULEVARD UNIT 501

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

FORT LAUDERDALE

FL

33301

City

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 605, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

JUAN NORIEGA

1015 EAST SUNRISE BOULEVARD UNIT 501

FORT LAUDERDALE, FL 33301

AMBR

CASSIDY WOODS

2410 HARBOR BOULEVARD, APT. 202

COSTA MESA, CA 92626

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

JUAN NORIEGA

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)