## L140000 39436

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Effective Date 2 28 14

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## COVER LETTER

	legistration Pivision of C	Section orporations			
SUBJECT	": Janice N	funoz, LLC Name of I	Limited Liability Co	ompany	
The enclos	ed Articles	of Organization and fee(s)	are submitted for f	iling.	
Please retu	rn all corres	pondence concerning this	matter to the follow	ving:	
	Janice Mu	unoz	Name of Perso	on .	
	Janice Mu	unoz, LLC	Firm/Compan	y	·
	321 SW 5	7 Avenue	Address		
	Plantation	, Florida 33317	City/State and Zip	Code	
jmuno	oz0422@gr	nail.com E-mail address: (to be u	•		ation)
For further	information	concerning this matter, p	lease call:		
Janice Mu		at e of Person	( <u>305</u> ) <u>508</u> Area Code	5-9845 Daytime Te	elephone Number
Enclosed is	a check for	the following amount:			
□ \$125.00 Fi	ling Fee	□\$130.00 Filing Fee & Certificate of Status	✓\$155.00 Fili Certified Cop (additional cop)	py	□\$160.00 Filing Fec, 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

Effective Date 2/28/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited L	iability Company is:		
Janice Munoz, LLC (Mus	t end with the words "Limi	led Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principa	l office of the Limited Liab	pility Company is:
Principal Office Address:		Mailing Address:	
321 SW 57 Avenue Plantation, Florida 3331	7	321 SW 57 Avenue Plantation, Florida	
another business entity wit The name and the Florida s	npany cannot serve as its ov h an active Florida registra	vn Registered Agent. You r tion.) red agent are:	Signature: must designate an individual or
	1 SW 57 Avenue orida street address (P.O. B	ox <u>NOT</u> acceptable)	<del></del>
Pla	intation	FL 33317	<del></del>
	City	Zip	
the place designated in capacity. I further agree	this certificate, I hereby acc to comply with the provision miliar with and accept the c	ept the appointment as regi is of all statutes relating to t	bove stated limited liability company at stered agent and agree to act in this the proper and complete performance s registered agent as provided for in
	Janice	Muraz	
	Registered Agent's Sign	nature (REQUIREDY)	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Janice Munoz
	321 SW 57 Avenue
	Plantation, Florida 33317
(Use attachment if necessary)	
•	
TICLE V: Effective date, if other than the date	of filing: February 28, 2014 (OPTIONAL)
FICLE V: Effective date, if other than the date in effective date is listed, the date must be spe	of filing: <u>February 28, 2014</u> . (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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ARTICLE IV-

Page 2 of 2

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)