

L14000053826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

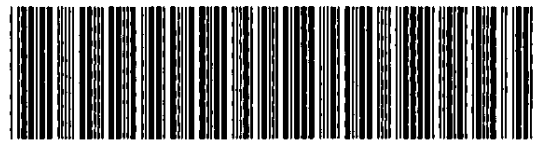
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

~~Handwritten signature~~

APR - 2 2014  
T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **INES 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:

**Gabriella Morello, Esq.**

Name of Person

**Gray Robinson, PA**

Firm/Company

**1221 Brickell Avenue, Suite 1600**

Address

**Miami, FL 33131**

City/State and Zip Code

**gabriella.morello@gray-robinson.com**

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

For further information concerning this matter, please call:

**Gabriella Morello, Esq.** at ( **305** ) **416-6880**

Name of Person

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2014

GABRIELLA MORELLO, ESQ.  
GRAY ROBINSON, PA  
1221 BRICKELL AVE STE 1600  
MIAMI, FL 33131

SUBJECT: INES LLC  
Ref. Number: W14000009428

We have received your document for INES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 11, 2014. Please amend your document accordingly.

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 P12000025664.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 614A00003244



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 10, 2014

GABRIELLA MORELLO, ESQ.  
GRAY ROBINSON, PA  
1221 BRICKELL AVE STE 1600  
MIAMI, FL 33131

SUBJECT: INESS LLC  
Ref. Number: W14000009428

We have received your document for INESS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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 P12000025664.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 914A00005215

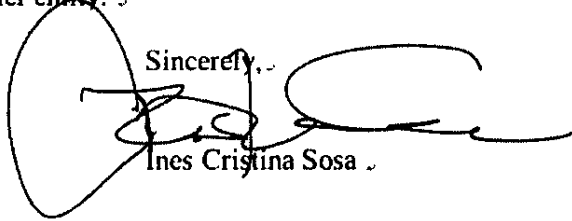
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

March 21, 2014

To whom it may concern:

I, Ines Cristina Sosa, am the Managing Member of INESS, LLC, Document Number L12000049544, a Florida Limited Liability Company. I do not intend to reinstate this company and, therefore, release the name for use to another entity.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ines Cristina Sosa', is written over the word 'Sincerely,'. The signature is stylized and somewhat cursive.

Ines Cristina Sosa

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INESS 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:

1045 8th Street, Apartment 15  
Miami Beach, FL 33139

1045 8th Street, Apartment 15  
Miami Beach, FL 33139

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14 APR - 1 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.)

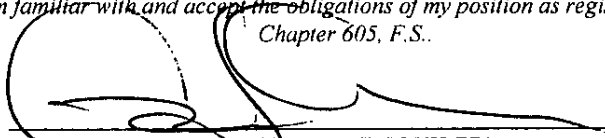
The name and the Florida street address of the registered agent are:

Ines Cristina Sosa  
Name

1045 8th Street, Apartment 15  
Florida street address (P.O. Box **NOT** acceptable)

Miami Beach                      FL 33139  
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

**MGR** Ines Cristina Sosa

**Name and Address:**

1045 8th Street, Apartment 15

Miami Beach, FL 33139

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

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

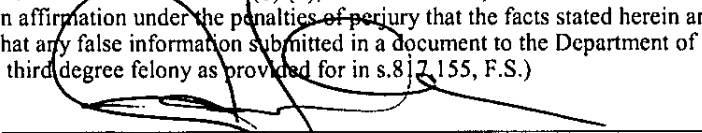
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**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.)



\_\_\_\_\_  
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)**