

L14000065877

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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FILED
14 MAR 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2014
S. YOUNG

1114-21080



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2014

IVETTE MEJIA
3350 NE 5TH ST APT 104
HOMESTEAD, FL 33033

SUBJECT: IJ VISUAL LLC
Ref. Number: W14000021080

FILED
14 MAR 26 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for IJ VISUAL LLC and your check(s) totaling \$130.00. 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 March 26, 2014. Please amend your document accordingly.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 314A00007075

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I J Visual
Name of Limited Liability Company

FILED
14 MAR 26 PM 09:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ivette Mejia
Name of Person

I J Visual
Firm/Company

3350 NE 5th St. Apt. 104
Address

Homestead, FL 33033-7643
City/State and Zip Code

ijvisual@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivette Mejia at (201) 878-1981
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IJ Visual 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:

3350 NE 5th St. Apt. 104
Homestead, FL 33033-7643

Mailing Address:

3350 NE 5th St Apt 104
Homestead, FL 33033-7643

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:

Ivete Mejia

Name

3350 NE 5th St Apt 104

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

Homestead

City

FL

33033

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.

Ivete Mejia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 MAR 26 11:10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR/CEO

MGR

Joel Mejia
3350 NE 5th St. Apt 104
Homestead FL 33033

Ivette Mejia
3350 NE 5th St Apt 104
Homestead FL 33033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~3/17/2014~~ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Ivette Mejia

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.)

Ivette Mejia

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)

FILED
14 MAR 26 PM 10:30
TALLAHASSEE, FLORIDA
SECRETARY OF STATE