

L14000069685

(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:

W14-26610

Office Use Only



500259428765

2014 APR 25 PM 14:23
TO ALLYSON J. JONES
SUFFICIENT OFFICE

2014 APR 25 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 30 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2014

CORPORATION SERVICE COMPANY
EMILY GRAY

SUBJECT: BOREAL LLC
Ref. Number: W14000026610

RESUBMIT

Please give original
submission date as file date.

We have received your document for BOREAL LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 814A00008992

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RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
2014 APR 25 AM 9:32
14 APR 29 PM 4:38



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 107998 5034981

AUTHORIZATION :

Spurlockman

COST LIMIT : \$125.00

ORDER DATE : April 25, 2014

ORDER TIME : 12:07 PM

ORDER NO. : 107998-005

CUSTOMER NO: 5034981

DOMESTIC FILING

NAME: BOREAL LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT. 52925

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2014 APR 25 AM 9:32

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Boreal 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:

Efy DiStefano

Name of Person

Watsco

Firm/Company

2665 S Bayshore Dr, Ste 901

Address

Coconut Grove, FL 33133

City/State and Zip Code

edistefano@watsco.com

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

For further information concerning this matter, please call:

Efy DiStefano

305

714-4119

at ()

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

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2014 APR 25 AM 9:33
STATE OF FLORIDA
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Boreal 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:

2031 NW 79 Ave

Doral, FL 33122

2665 S Bayshore Dr Ste 901

Coconut Grove, FL 33133

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..

Corporation Service Company

By: 

Sue G. Knight

Assistant Vice President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Charles J. Figueroa MGR

Name and Address:

4300 Golf Acres Drive
Charlotte, NC 28208

Wilson Oliveira MGR

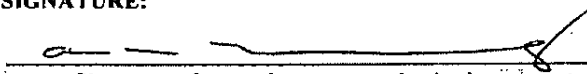
10801 NW 103 Street, Suite 1
Miami, FL 33178

(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.)

ANA M MENENDEZ

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)

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CLERK OF STATE
TALLAHASSEE FLORIDA