L14000016402

<u></u>		
(Re	questor's Name)	
	•	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Q ₁)	siness Entity Nan	ne)
(Bu	Siness Entity Ivan	ile)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·	•	

Office Use Only



400258976834

04/21/14--01022--025 **160.00

Effective Date 4/17/14

2014 APR 21 AM 10: 5:

Prode-1-16

MAY 1 2 2018 T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CCT: Glenn Firestone LLC Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) as	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	Glenn Firestone	Name of Person	
	Glenn Firestone	Firm/Company	
	1265 blueroad	Address	
	coral gables florida 33146	City/State and Zip Code	
CC	partbuyer@aol.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
glenn	Firestone at (at (305) 793-3312 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	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	Street/Courier Add Registration Section Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



April 24, 2014

GLEN FIRESTONE 1265 BLUE RD CORAL GABLES, FL 33146

SUBJECT: GLENN FIRESTONE LLC

Ref. Number: W14000026079

We have received your document for GLENN FIRESTONE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 914A00008795

Effective Date 4 17 M

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name! The name of the Limited Liability Company is:				
Glenn Firestone LLC (Must end with the words "Limite	d Liability Company, "L.L.C.," or '	'LLC.")	_	
ARTICLE II - Address: The mailing address and street address of the principal	,	·		
Principal Office Address:	Mailing Address:			
1265 blue road coral gables florida 33146	1265 blue road coral gables	s.fl 33146	-	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrati The name and the Florida street address of the registere	n Registered Agent. You must desigon.)	: gnate an indi	vidual	or
·	a agont are.			
Glenn Firestone Nam	ne			
1265 blue road Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)			
Coral Gables,	FL 33146			
City	Zip			
Having been named as registered agent and to accept so the place designated in this certificate, I hereby acceptancity. I further agree to comply with the provision of my duties, and I am familiar with and accept the of Charles Registered Agent's Sign	ept the appointment as registered ages of all statutes relating to the proper bbligations of my position as register apter 605, F.S	ent and agree r and comple	to act	t in this formance
(CONTIN		SECRETARY TALLAHASSE	2014 APR 21	<u> </u>

Title:	5	Name and Address:			
"AMBR" = Authorized N "MGR" = Manager	Member				
Glenn Firestone MGf		1265 blue road			
		Coral Gables,FI 33146			
					_
		, ,_, , , , , , , , , , , , , , , , , ,			_
 					_
(Use attachment if neces	sarv)				
	•				
ective date is listed, the of filing.)	date must be specific a	g: April,17th,2014 nd cannot be more than five bus			or 90
ective date is listed, the of filing.)	date must be specific a				or 90
ective date is listed, the of filing.)	date must be specific a				or 90
E V: Effective date, if our fective date is listed, the confiling.) LE VI: Other provisions, in the confiling of the provisions, in the confile of the conf	f any.	nd cannot be more than five bus			or 90
ective date is listed, the of filing.) LE VI: Other provisions, it	f any.				or 90
ective date is listed, the of filing.) LE VI: Other provisions, is REQUIRED SIGNATI	f any.	Justor an authorized representative	siness days p	er.	
ective date is listed, the of filing.) LE VI: Other provisions, is REQUIRED SIGNATI Signature (In accordance)	f any. gnature of a member of with section 605.0203	or an authorized representative	of a member	er.	
REQUIRED SIGNATI (In accordance constitutes an I am aware tha	f any. gnature of a member of with section 605.0203 affirmation under the poat any false information	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts s submitted in a document to the D	of a member cution of this	er. s docume	
REQUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a the constitutes at the constitutes a	f any. gnature of a member of with section 605.0203 affirmation under the poat any false information nird degree felony as pro-	or an authorized representative (1) (b), Florida Statutes, the executables of perjury that the facts submitted in a document to the Equivalent to the Equiva	e of a member cution of this tated herein a Department o	er. s docume	
REQUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a the constitutes at the constitutes a	gnature of a member of with section 605.0203 affirmation under the potential any false information are degree felony as problem H Firestone	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts s submitted in a document to the D	e of a member cution of this tated herein a Department o	er. s docume	
REQUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a the constitutes at the constitutes a	gnature of a member of with section 605.0203 affirmation under the potential any false information are degree felony as problem H Firestone	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts submitted in a document to the Executation of the Executation o	e of a member cution of this tated herein a Department o	er. docume are true. f State	ent
REQUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a that constitutes are constituted as the co	gnature of a member of a membe	or an authorized representative (1) (b), Florida Statutes, the exemplaties of perjury that the facts submitted in a document to the Dovided for in s.817.155, F.S.)	e of a member cution of this tated herein a Department o	er. s docume are true. f State	ent
REOUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a that const	gnature of a member of a with section 605.0203 affirmation under the arm false information and degree felony as problem H Firestone Type of Articles of Organizatory (Optional)	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts submitted in a document to the Dovided for in s.817.155, F.S.) The H. Firest or printed name of signee	e of a member cution of this tated herein a Department o	er. s docume are true. f State	ent
REOUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a that const	gnature of a member of a membe	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts submitted in a document to the Dovided for in s.817.155, F.S.) The H. Firest or printed name of signee	e of a member cution of this tated herein a Department o	er. docume are true. f State	ent
REOUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a that const	gnature of a member of a with section 605.0203 affirmation under the part any false information in degree felony as problem H Firestone Type or Articles of Organizatory (Optional)	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts submitted in a document to the Ecovided for in s.817.155, F.S.) The H. Firest of a dorprinted name of signee Filing Fees: tion and Designation of Register	e of a member cution of this tated herein a Department o	er. s docume are true. f State	
REOUIRED SIGNATI (In accordance constitutes and I am aware that constitutes a that const	gnature of a member of a with section 605.0203 affirmation under the part any false information in degree felony as problem H Firestone Type or Articles of Organizatory (Optional)	or an authorized representative (1) (b), Florida Statutes, the executatives of perjury that the facts submitted in a document to the Dovided for in s.817.155, F.S.) The H. Firest or printed name of signee	e of a member cution of this tated herein a Department o	er. s docume are true. f State	ent