# L14000088190

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
JUN - 2 2014			
A. LUNT			
W14-32169			

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

DAVID M. GLASSBERG GLASSBERG & GLASSBERG, P.A. 13611 SOUTH DIXIE HWY #109-514 MIAMI, FL 33176

SUBJECT: A BETTER SEMINOLE, LLC Ref. Number: W14000032169 TILE D

We have received your document for A BETTER SEMINOLE, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 914A00011053

www.sunbiz.org

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# GLASSBERG & GLASSBERG, P.A.

13611 SOUTH DIXIE HIGHWAY #109-514 MIAMI, FLORIDA 33176 GLASSBERCLAW@AOLCOM

DAVID M. GLASSBERG LORI H. GLASSBERG (305) 669-9535 FAX (305) 255-9969

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Sent Via Federal Express

May 7, 2014

Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: <u>A BETTER SEMINOLE, LLC</u>

Gentlemen:

Enclosed please find two copies of the Articles of Organization for A BETTER SEMINOLE, LLC. Also, enclosed please find our check in the amount of \$125.00 made payable to the Secretary of State for filing fees of the above mentioned Limited Liability Company.

Should you have any questions with regard to the foregoing, please contact the undersigned at (305) 669-9535.

Very truly yours, David M. Glassberg

DMG/rs enclosures

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

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The name of the Limited Liability Company is:

### A BETTER SEMINOLE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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### ARTICLE II - Address:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:			- T- ]				
4061 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33064	4061 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33064		iy 30	<u>الم</u>				
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.)								

another business entity with an active Florida registration.)

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

DA	/ID M. GLASSBERG			
	Nat	me		
<u>136</u>	11 S. DIXIE HIGHWAY	#109-514		
Flo	rida street address (P.O. B	Box <u>NOT</u> accep	otable)	
MIA	MI, FL 33176	FL		
	City		Zip	
the place designated in the capacity. I further agree to	his certificate, I hereby acc o comply with the provision miliar with and accept the	cept the appoint ns of all statute	ment as regist s relating to the ny position as	ove stated limited liability company at tered agent and agree to act in this ne proper and complete performance registered agent as provided for in
		/		<u></u>
	Registered Agent's Sig	mature (REQU	IRED)	
	(CONTIN	NUED)		
	Page 1 d	·		

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MULLET RESOURCES, LLC C/O WILLIAM FUS
	4061 N. FERERAL HIGHWAY
	PPOMPANO BEACH, FL 33064
MRG	LAVERNE THOMAS
	16900 RESERVATIONS ROAD
	OKEECHOBEE, FL 34975
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-	

(Use attachment if necessary)

**REQUIRED SIGNATURE:** 

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.

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.)

WILLIAM FUSCO

Typed or printed name of signee

<u>Filing Fees:</u> \$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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