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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

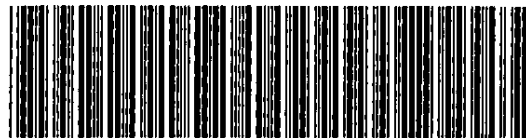
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUN 11 AM 9:04  
TALLAHASSEE, FLORIDA  
J. Stivers JUN 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Excelsior Unlimited Entertainment, L.L.C.**  
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:

Derrick Justin Johnson  
Name of Person

Excelsior Unlimited Entertainment, L.L.C.  
Firm/Company

P.O. Box 613552,  
Address

North Miami, FL 33261  
City/State and Zip Code

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

For further information concerning this matter, please call:

Derrick J. Johnson, Esq. at ( 305 ) 610-1802  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Derrick J. Johnson, Esq.

1860 Venice Park Drive, #113

North Miami, FL 33181

AMBR

Daniel Colon

1950 W 54th Street, Apt 107

Hialeah, FL 33012

AMBR

Franke Jimenez

9904 Palma Vista Way,

Boca Raton, FL 33428

AMBR

Martha Caldera

915 N.W. 23rd Court

Miami, FL 33125

(Use attachment if necessary)

See attachment for more

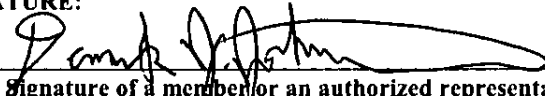
**ARTICLE V:** Effective date, if other than the date of filing: June 5, 2014 (OPTIONAL)

(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.

All authorized members of the LLC agree to cover the cost of all administrative fees associated with this LLC.  
Moreover, the members agree to have the power to establish and follow bylaws which can govern the  
conduct and course of this business entity and its members.

**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.)

Derrick J. Johnson, Esq.

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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**ARTICLE IV- CONTINUED**

The name and address of each person authorized to manage and control the Limited Liability Company in addition to the names and addresses that appear on p. 2:

|      |   |
|------|---|
| AMBR | Angelique A. Johnson<br>301 S. Leavitt Street,<br>Chicago, IL 60612 |
| AMBR | Andrea Estrada<br>851 80 <sup>th</sup> Street #3<br>Miami, FL 33141 |
| AMBR | Santiago Parra<br>960 S.W. 7 Street, Apt. #2<br>Miami, FL 33130     |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Excelsior Unlimited Entertainment, L.L.C.

(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:**

1950 W 54th Street

Apt 107

Hialeah, FL 33012

P.O. Box 613552

North Miami, FL 33261

**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:

Derrick J. Johnson, Esq.

Name

1860 Venice Park Drive, #113

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

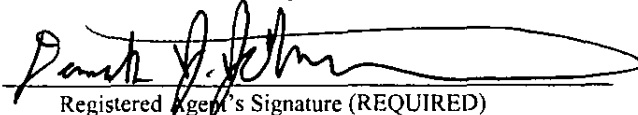
North Miami

City

FL 33181

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)

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