

L14 00 00 96736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

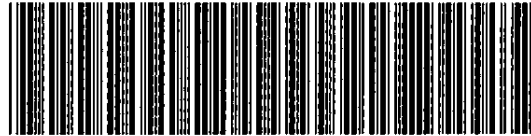
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUN 16 2014
14 JUN 16 2014
14 JUN 16 2014

4.00 JUN 17 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2014

PETER LAURIA
4020 GALT OCEAN DR
SUITE 109
FT LAUDERDALE, FL 33308

SUBJECT: PRODUCTS INTERNATIONAL OF SOUTH FLORIDA
Ref. Number: W14000033953

We have received your document for PRODUCTS INTERNATIONAL OF SOUTH FLORIDA and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00011749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Products International of South Florida
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:

PETER LAURIA

Name of Person

N/A

Firm/Company

4020 GALT OCEAN DR.

Address

FT. LAUD. FL. 33308 Suite 109

City/State and Zip Code

PEPE LAURIA @ YAHOO.COM

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

For further information concerning this matter, please call:

Pepe Lauria

Name of Person

at (

954

Area Code

245-8982

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:

Products International of South Florida Limited Liability Company
(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:

4020 GALT OCEAN DR.
FT. LAUDERDALE
FL. 33308 Suite 109

Mailing Address:

4020 GALT OCEAN DR.
FT. LAUD.
FL 33308 Suite 109

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:

Pete Lauria
Name

4020 GALT OCEAN DR.
Florida street address (P.O. Box NOT acceptable)
FT. LAUD. FL 33308
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.

Pete Lauria
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 JUN 16 03:19:53
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF 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:

AMBR

Pete LAURIA
4020 GALT OCEAN DR.
FT. LAUD. FL. 33308

(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.)

Pete LAURIA

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)

16 JUN 16 7:10:53
CLERK OF COURT
STATE OF FLORIDA