

L14000099843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

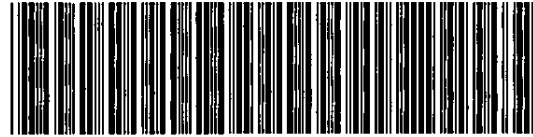
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-33210

Office Use Only



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05/19/14--01025--001 **160.00

EFFECTIVE DATE 05-14-14

2014 JUN 19 10 30 AM
1000 01 100 7102
FILED

B. BOSTICK

JUN 23 2014

BY MINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYLIFEDOESMATTER, 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:

STEPHAN LOPEZ, Esq.
Name of Person

REYES LAW GROUP, P.A.
Firm/Company

2924 DAVIE ROAD SUITE 102
Address

DAVIE, FL 33314
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephan Lopez, Esq. at (954) 954-369-1993
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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

FILED
2014 JUL 19 PM 5:31
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MYLIFEDOESMATTER,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:

3185 NW 207 STREET
MIAMI GARDENS, FL 33056

PO BOX 693724
18640 NW 2ND AVE
MIAMI, FL 33269

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:

REYES LAW GROUP, P.A.
Name

2924 DAVIE ROAD SUITE 102
Florida street address (P.O. Box **NOT** acceptable)

DAVIE FL 33314
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2014 MAY 19 P 5:31
CLERK OF DISTRICT COURT
DADE COUNTY, 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

MGR

Name and Address:

MICHELLE DENISE LONDON

PO BOX 693724 18640 NW 2ND AVENUE

MIAMI, FL 33269

MGR

ALI AMIN SALEH

PO BOX 693724 18640 NW 2ND AVENUE

MIAMI, FL 33269


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 14, 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.

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.)

ALI AMIN SALEH

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)

FILED
2014 MAY 19 P 3 31
ST. JAMES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2014

STEPHAN LOPEZ, ESQ.
2924 DAVIE ROAD
SUITE 102
DAVIE, FL 33314

SUBJECT: MYLIFEDOESMATTER, LLC
Ref. Number: W14000033214

We have received your document for MYLIFEDOESMATTER, 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):

Please list the complete principal office address.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00011462

FILED
2014 MAY 19 P 5:31
TALLAHASSEE, FLORIDA