

06/24/2014 11:04 FAX

001/005

L14000101077

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000149672 3)))



H140001496723ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WERMUTHLAW, P.A.  
Account Number : I20020000138  
Phone : (305) 715-7157  
Fax Number : (305) 715-8982

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: olivia@wermuthlaw.com

FLORIDA LIMITED LIABILITY CO.  
Extraordinarily Different, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

RECEIVED

14 JUN 24 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2014 JUN 24 A 8:41

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUN 25 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Extraordinarily Different 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:

J. Michael Wermuth  
Name of Person

WermuthLaw, P.A.  
Firm/Company

8750 N.W. 36 Street, Suite 425  
Address

Miami, Florida, 33178  
City/State and Zip Code

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

For further information concerning this matter, please call:

Olivia Castillo at ( 305 ) 715-7157  
Name of Person Area Code 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

FILED  
AUG 24 4 04 PM '14  
TALLAHASSEE, FL

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Extraordinarily Different, 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:349 Oak Street  
Hollywood, Florida 33019349 Oak Street  
Hollywood, Florida 33019

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

CorpWiz Registered Agents, Inc.

Name

8750 N.W. 36 Street, Suite 425Florida street address (P.O. Box **NOT** acceptable)MiamiFL33178

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 JUL 24 A 6:00  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
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:**

Luis C. Uzcategui  
349 Oak Street  
Hollywood, Florida 33019

MGR

Marlela Mazzei  
349 Oak Street  
Hollywood, Florida 33019

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(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.)

Olivia Castillo

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)

2014 JUN 24 A 8:41

FILED

850-617-6381

6/24/2014 10:28:35 AM PAGE 1/001 Fax Server



June 24, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

WERMUTH LAW, P.A.

SUBJECT: EXTRAORDINARILY DIFFERENT, LLC  
REF: W14000039206

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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

FAX Aud. #: H14000149672  
Letter Number: 614A00013599

RECEIVED  
14 JUN 24 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
JUN 24 A 3 11  
TALLAHASSEE, FLORIDA