## L14000101586

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nam | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |

Office Use Only



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05/06/14--01023--012 \*\*130.00

SFFECTIVE DATE

2014 JUN 25 PH 2: 0

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## **COVER LETTER**

|              | egistration Section<br>ivision of Corporations        |   |
|--------------|---|---|
| SUBJECT      | 123 INITIATIVE  | LLC.  |
| SUBJECT      | * <u></u>   | mited Liability Company   |
| The enclose  | ed Articles of Organization and fee(s)                | are submitted for filing.   |
| Please retur | rn all correspondence concerning this r               | natter to the following:  |
|              | Bohdan Denysen  | ko  |
|              |   | Name of Person  |
|              | 123 INITIATIVE I                                      | LC.   |
|              |   | Firm/Company  |
|              | PO Box 814102   |   |
|              |   | Address   |
|              | Hollywood, FL 33                                      | 3081  |
|              |   | City/State and Zip Code   |
|              | dan.denysenko@gmail.d                                 | (to be used for future annual report notification)  |
| For further  | information concerning this matter, pl                | ease call:  |
| Boho         | lan Denysenko at (                                    | 305 \ 450-6669  |
|              | Name of Person  | Area Code Daytime Telephone Number  |
| Enclosed is  | a check for the following amount:                     |   |
| \$125.00 Fi  | sling 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                  | Street/Courier Address Registration Section   |
|              | Division of Corporations                              | Division of Corporations  |
|              | P.O. Box 6327<br>Tallahassee, FL 32314                | Clifton Building 2661 Executive Center Circle   |

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2014

BOHDAN DENYSENKO PO BOX 814102 HOLLYWOOD, FL 33081

SUBJECT: 123 INITIATIVE LLC Ref. Number: W14000030146

We have received your document for 123 INITIATIVE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 414A00010202

1180 .. = 08 ...

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                          |   |  |  |   |                            |             |   |
|--|---|--|--|---|----------------------------|-------------|---|
| The name of the Limit                      | ted Liability Company is:   |  |  |   |                            |             |   |
|  |   |  |  |   |                            |             |   |
| 123 INITIATIVE LLC.                        |   |  |  |   | _                          |             |   |
| (  | Must end with the words "   | 'Limited L                               | iability Company, "L.L.C   | .," or "LLC.")                            |                            |             |   |
| ARTICLE II - Addre                         | ess:  |  |  |   |                            |             |   |
|  | nd street address of the pri  | ncipal offi                              | ce of the Limited Liability  | y Company is:                             |                            |             |   |
| Principal Office Add                       | ress:   | Mailing                                  | Address:   |   |                            |             |   |
| 123 INITIATIVE LLC.                        |   |  | 123 INITIATIVE LLC.  |   |                            |             |   |
| 3670 N 56th Ave, #724                      |   |  | PO Box 814102  |   | _                          |             |   |
| Hollywood, FL 33021                        |   |  | Hollywood, FL 33081  |   | <del></del>                |             |   |
|  | ry with an active Florida re rida street address of the re REGISTERE  | ~  | gent are:  |   | ALWINE<br>THE TANK         | 2114 JUN 25 | 7 |
|  | Name  |  |  | PM  |                            |             |   |
|  | 3030 N. Rocky Point   | Dr., STE 150/                            | A  | _   |                            |             |   |
|  | Florida street address (  | P.O. Box N                               | NOT acceptable)  |   |                            | 2: 02       |   |
|  | ramp  | a  | <u>FL 33607</u>  | <del></del>                               | المعتبل                    |             |   |
|  | City  |  | Zip  |   |                            |             |   |
| the place designate capacity. I further to | as registered agent and to a<br>ted in this certificate, I here<br>agree to comply with the pr<br>am familiar with and acce | by accept to ovisions of<br>pt the oblig | he appointment as registe all statutes relating to the cations of my position as refeos, F.S | red agent and agree<br>proper and complet | to act in ti<br>te perform | his<br>ince |   |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

|                               | <u> Fitle:</u>   | A  | Name and Address:  |                |          |
|-------------------------------|--|--|--|----------------|----------|
|                               | AMBR" = Authorized   | Member   |  |                |          |
|                               | 'MGR" = Manager  |  | Bohdan Denysenko   |                |          |
| -                             | 2.000,00   | -  | PO Box 814102  |                |          |
|                               |  |  | Hollywood, FL 33081  |                |          |
|                               |  |  |  |                |          |
|                               |  |  |  | •              |          |
|                               |  | •  |  |                |          |
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| _                             |  | _  |  |                |          |
|                               |  |  |  |                |          |
|                               |  |  |  |                |          |
| (                             | Use attachment if nece   | essary)  |  |                |          |
| TICLE<br>an effe              | EV: Effective date, if o   | other than the date of filing  | ng:  | ıys afte       | r        |
| TICLE<br>an effect<br>date of | EV: Effective date, if continued the continued to the continued the continued to the contin | other than the date of filing date must be specific a  |  | ays afte       | r        |
| TICLE<br>an effect<br>date of | EV: Effective date, if centive date, if centive date is listed, the filling.)  | other than the date of filing date must be specific at   |  |                | r        |
| TICLE<br>an effect<br>date of | EV: Effective date, if continue date is listed, the filing.) EVI: Other provisions,  | other than the date of filing date must be specific at if any.   | and cannot be more than five business days prior to or 90 da   |                | r        |
| TICLE<br>an effect<br>date of | E V: Effective date, if certive date is listed, the filling.)  E VI: Other provisions,  REQUIRED SIGNAT  | other than the date of filing date must be specific at if any.   | and cannot be more than five business days prior to or 90 da   | NIC 1182       | Ţ        |
| TICLE<br>an effect<br>date of | E V: Effective date, if certive date is listed, the filling.)  E VI: Other provisions,  REQUIRED SIGNAT  S (In accorder)   | if any.  CURE:  Gignature of a member ance with section 605.02   | or an authorized representative of a member.   | NIC 1182       | <b>r</b> |
| TICLE<br>an effect<br>date of | E V: Effective date, if certive date is listed, the filling.)  E VI: Other provisions,  REQUIRED SIGNAT  S  (In accordance)  | if any.  CURE:  Gignature of a member ance with section 605.02 an affirmation under the date of filing the d | or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true;  | 2014 JUN 25    |          |
| TICLE<br>an effect<br>date of | EV: Effective date, if of ctive date is listed, the f filing.)  EVI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes I am awar   | if any.  TURE:  Gignature of a member ance with section 605.02 is an affirmation under the that any false informa  | or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State | 2014 JUN 25    | r        |
| TICLE<br>an effect<br>date of | EV: Effective date, if of ctive date is listed, the f filing.)  EVI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes I am awar   | if any.  TURE:  Gignature of a member ance with section 605.02 is an affirmation under the that any false informa  | or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true;  | 2014 JUN 25 PM |          |
| TICLE<br>an effect<br>date of | EV: Effective date, if of ctive date is listed, the f filing.)  EVI: Other provisions,  REQUIRED SIGNAT  S  (In accordance constitutes I am awar   | if any.  TURE:  Gignature of a member ance with section 605.02 is an affirmation under the that any false informa  | or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true tion submitted in a document to the Department of State | 2014 JUN 25    |          |

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)