

L14000113099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

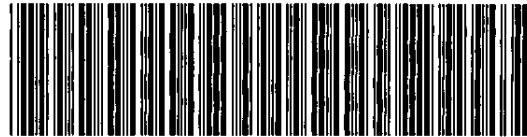
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cape Coral Clorellice 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:

Yohan Jaieb
Name of Person

Firm/Company

555 NE 15th Street Suite # 200
Address

Miami, FL 33139
City/State and Zip Code

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

For further information concerning this matter, please call:

Yohan Jaieb at (305) 433-7244
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cape Coral Clorellice 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:

555 NE 15th Street
Suite# 200
Miami, FL 33132

Mailing Address:

555 NE 15th Street
Suite# 200
Miami, FL 33132

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:

Yohan Jaieb

Name

555 NE 15th Street Suite # 200

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

Miami Beach FL 33139

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)

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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:

Yohan Jaieb

555 NE 15th Street Suite # 200

Miami FL 33132

(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.)

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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WRITTEN CONSENT TO ORGINIZE

CAPE CORAL CLORELICE LLC

The members hereby take the following by unanimous written consent to organize this Florida Company:

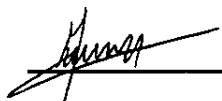
1. **Organization.** The Company's article of organization (Certificate of formation) are approved and ratified.
2. **Management.** The followings person is appointed to the offices as set forth opposite their name to serve until his successors is appointed.

Managing Member: Yohan Jaieb

3. **Membership Certificates.** The membership certificates that are in the Corporate Records binders are approved as the form to be used in issuing unites (membership interests) in the Company.
4. **Bank Account.** The Company's management shall open an account with a bank or other institution and shall deposit in that account all funds of the Company. All resolutions required to open an account in accordance with this paragraph are adopted as the action of the Company.
5. **Agreement/ Regulations.** The adoption by the members of the basic from of operating Agreement of regulations or LLC Agreement contained in the Corporate Records binder is acknowledged.
6. **Membership Interests.** For the consideration determined by the Company's management to be adequate, the Company will issue to each member named below a membership certificate for the number of units stated below.

<u>Units</u>	<u>Member</u>
99	Financiere Clorelice SAS
1	Gerard Malassi

The undersigned, constituting all of the Company's members, executed this written consent effective as of the 14th day of July 2014.


Financiere Clorelice SAS


Gerard Malassi