

L14000124216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

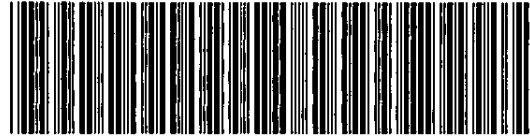
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 AUG - 7 AM 10:56
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

AUG 08 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVEST CONCEPT USA 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:

MONIQUE LAHENS
Name of Person

INVEST CONCEPT USA LLC
Firm/Company

1915 MONROE STREET # 2
Address

HOLLYWOOD, FLORIDA 33020
City/State and Zip Code

INVEST.CONCEPTUSA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE LAHENS at (754) 423 4941
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

2014 AUG - 7 AM 10:56

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVEST CONCEPT USA 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:

1915 MONROE STREET #2

1915 MONROE STREET #2

HOLLYWOOD, FL 33020

HOLLYWOOD, FL 33020

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:

MONIQUE LAHENS

Name

1915 MONROE STREET #2

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

HOLLYWOOD

City

FL 33020

Zip

I 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.

Monique Lahens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 AUG - 7 AM 10:56
CLERK OF DISTRICT COURT
JULIA H. GIBSON
CLERK OF DISTRICT COURT
JULIA H. GIBSON

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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HOLLYWOOD, FL 33020

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MONIQUE LAHENS

Name

1915 MONROE STREET #2

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

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City

FL 33020

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Monique Lahens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 AUG - 7 AM 10:56
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
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:

See Attachment List

(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.)

LAURE ELISABETH VIER SAC

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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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company :

Title :

Name and Address :

MGR - Manager

**LAURE ELISABETH VIER SAC
562 Chemin des Rascas
Le San Lorenzo CB
SAINT LAURENT DU VAR, FRANCE 06700 FR**

MGR - Manager

**JEAN-PIERRE VIER SAC
562 Chemin des Rascas
Le San Lorenzo CB
SAINT LAURENT DU VAR, FRANCE 06700 FR**

MGR - Manager

**SHIRLEEN VIER SAC
562 Chemin des Rascas
Le San Lorenzo CB
SAINT LAURENT DU VAR, FRANCE 06700 FR**

MGR - Manager

**RODHLANN VIER SAC
562 Chemin des Rascas
Le San Lorenzo CB
SAINT LAURENT DU VAR, FRANCE 06700 FR**

MGR - Manager

**DAISY VIER SAC
562 Chemin des Rascas
Le San Lorenzo CB
SAINT LAURENT DU VAR, FRANCE 06700 FR**

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CLERK OF COURT
CLERK OF COURT