

L14000150387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

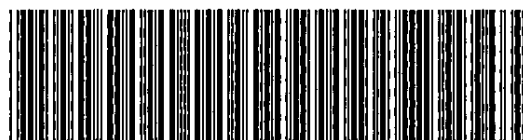
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100264242821

09/16/14--01014--010 **155.00

EFFECTIVE DATE 9/12/14

FILED
14 SEP 16 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/19
9/25/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IN GOOD HANDS BY PEREZ, 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:

ELEANETTE PEREZ
Name of Person

IN GOOD HANDS BY PEREZ, LLC
Firm/Company

5260 16TH PL SW APT 102
Address

NAPLES, FL 34116
City/State and Zip Code

ELEANETTE@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELEANETTE PEREZ at (239) 601 8339
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 checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input 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:

IN GOOD HANDS BY PEREZ, 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:

5260 16TH PL SW APT 102
NAPLES FL 34116

5260 16TH PL SW APT 102
NAPLES FL 34116

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:

ELEANETTE PEREZ

Name

5260 16TH PL SW APT 102

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

NAPLES FL 34116

FL

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)

Page 1 of 2

EFFECTIVE DATE

9/12/14

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 SEP 16 PM 4:34

FILED

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:

ELEANETTE PEREZ

5260 16TH PL SW

NAPLES FL 34116

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/12/2014. (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.)

ELEANETTE PEREZ

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
14 SEP 16 PM 4:34
CLERK OF STATE
TALLAHASSEE, FLORIDA