

L14000152588

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Effective Date

9/24/14

Division of Corporations

Fax Number : (850) 617-6393

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (786) 409-5946

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

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**FLORIDA LIMITED LIABILITY CO.
MYCOL LLC**

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81695

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(4)

414000227693

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYCOL 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:

JAIME ESPINOSA
Name of Person

Firm/Company

12500 SW 6TH ST. APT. N-110
Address

PENBROKE PINES, FL. 33027
City/State and Zip Code

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

For further information concerning this matter, please call:

NORA ROSADO at (954) 304-3443
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



September 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: MYCOL LLC
REF: W14000059593

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.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Jenna D Harris
Regulatory Specialist II

FAX Aud. #: H14000227693
Letter Number: 214A00020866

RECEIVED
14 SEP 30 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

14 SEP 29 AM 8:28
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

P.O BOX 6327 - Tallahassee, Florida 32314

Effective Date 9/24/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MYCOL 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:

Jaime Espinosa
630 First Avenue #29 L
NEW YORK, NY 10016

12500 SW. 6 ST. N-110
PEMBROKE PINES
FLORIDA 33027

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:

NORA ROSADO
Name
12500 SW. 6TH ST. AP N-110
Florida street address (P.O. Box NOT acceptable)
PEMBROKE PINES 33027
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.

Nora Rosado
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

PRESIDENT

Name and Address:

JANE ESPINOSA
630 FIRST AVENUE #391
NEW YORK, N.Y. 10016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: SEPT. 24/2014 (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.

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS
TO ENGAGE IN ANY LAWFUL ACTIVITY FOR WHICH
A LIMITED LIABILITY COMPANY MAY BE ORGANIZED IN THE
STATE

REQUIRED SIGNATURE:

JANE ESPINOSA
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.)

JANE ESPINOSA

Typed or printed name of signer

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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