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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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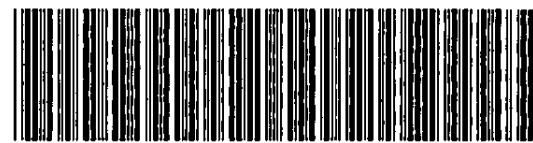
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT 27 PM 1:43  
SHERIFF OF ST. LOUIS COUNTY  
TALIAHASSIE, FLORIDA

J. Shivers OCT 28 2014

2014



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

June 12, 2014

YAMINA PIERRE  
732 NE 206 ST  
MIAMI, FL 33179

**SUBJECT: MAKATI LLC**  
Ref. Number: W14000036571

We have received your document for MAKATI LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 714A00012724

**COVER LETTER**

**TO:** **Registration Section**  
**Division of Corporations**

**SUBJECT:** Makati 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:

Yamina Pierre

Name of Person

Makati LLC

Firm/Company

732 NE 206 st

Address

miami, fl 33179

City/State and Zip Code

Yaminapierre@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yamina Pierre

Name of Person

at (786)

Area Code

9734010

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MAKATI 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:

732 NE 206 st  
miami, FL 33179

Mailing Address:

732 NE 206 st  
miami, FL 33179

**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:

Yamina Pierre

Name

732 NE 206 stFlorida street address (P.O. Box NOT acceptable)miami

FL

33179

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.*

Yamina Pierre  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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:**

AMBR

Robert Fabius  
732 NE 206st  
miami, fl 33179

(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.)

Yamina Pierre

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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