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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SETH & COCO 999, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

EFFECTIVE DATE
11-17-14

24540

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Corporate Filing Menu

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NOV 18 2014

T. BROWN

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14 NOV 17 PM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 NOV 17 PM 2:25

FILED

H14000210749

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SETH & COCO 999, 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:

HANNAH NAVA
Name of Person

Firm/Company

6733 VIA REGINA
Address

BOCA RATON, FL 33433
City/State and Zip Code

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

For further information concerning this matter, please call:

HANNAH NAVA at (305) 409-6832
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SETH & COCO 999, 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:

6733 VIA REGINA

SAME

BOCA RATON, FL 33433

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:

HANNAH NAVA

Name

6733 VIA REGINA

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

BOCA RATON

FL 33433

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.

Hannah Nava

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE
11-17-14

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

HANNAH NAVA

6733 VIA REGINA

BOCA RATON, FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 17, 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:

Hannah Nava

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.)

HANNAH NAVA

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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