

L14000179151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

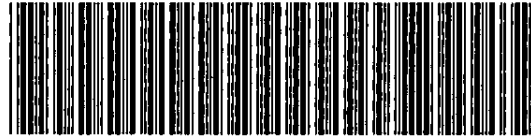
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/12/14--01012--015 **130.00

EFFECTIVE DATE
11/4/14

FILED

2014 NOV 12 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan NOV 19 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
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:

Andrei Strimbu

Name of Person

Strimbu Holdings, LLC

Firm/Company

9480 Tangerine Place, Apt. 402

Address

Davie, Florida 33324

City/State and Zip Code

Ana4acn@gmail.com

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

For further information concerning this matter, please call:

Andrei Strimbu	at (954)	632-1956	
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)

(additional copy is enclosed)
**\$160.00 Filing Fee,
Certificate of Status &
Certified Copy**

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:

Strimbu Holdings, 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:

9480 Tangerine Place

Apt. 402

Davie, FL 33324

Mailing Address:

SAME

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:

Ana Maria Strimbu

Name

9480 Tangerine Place, Apt.402

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

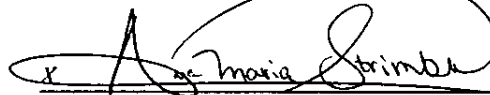
Davie,
City

FL

33324
Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Pres

RA

Name and Address:

Andrei Strimbu

9480 Tangerine Place, Apt. 402

Davie, Fl. 33324

Ana Maria Strimbu

9480 Tangerine Place, Apt. 402

Davie, Fl. 33324

(Use attachment if necessary)

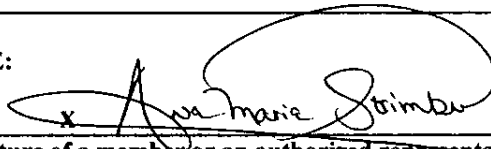
ARTICLE V: Effective date, if other than the date of filing: **November 04, 2014**

.(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.)

Ana Maria Strimbu

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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TALLAHASSEE, FLORIDA