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11/06/14--01018--012 **125.00

EFFECTIVE DATE

11/2/14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV - 6 AM 11:25

FILED

N. Gulligan

NOV-25-2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wallisalou, 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:

David M. Glassberg, Esq.

Name of Person

Glassberg & Glassberg, P.A.

Firm/Company

13611 S. Dixie Highway, #109-514

Address

Miami, FL 33176

City/State and Zip Code

Glassbergglaw@aol.com

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

For further information concerning this matter, please call:

David M. Glassberg, Esq. at (305) 669-9535

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2014

DAVID M. GLASSBERG, ESQ.
GLASSBERG & GLASSBERG, P.A.
13611 S. DIXIE HIGHWAY, #109-514
MIAMI, FL 33176

We have received your document for WALLISALOU, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Document was received on 11/06/14

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 714A00023849

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wallisakou, 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:

13811 S. Dixie Highway
#109-514
Miami, FL 33176

13811 S. Dixie Highway
#109-514
Miami, FL 33176

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:

David M. Glassberg, Esq.

Name

13811 S. Dixie Highway, #109-514

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

Miami FL 33176

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

AMBR

Name and Address:

Lucien Henry

130-16 220th Street

Springfield Gardens, NY 11413-1237

AMBR

Lisa Henry-Kerr

30-Carpenter Lane

Bloomfield, CT 06002

(Use attachment if necessary)

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

(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.)

November 02, 2014
~~October 1, 2014~~

(OPTIONAL)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lisa Henry-Kerr

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.)

LISA HENRY-KERR

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV -6 AM 11:25

FILED