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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC -4 2014

T. BROWN

~~2014-10-14~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Papabü Productions, 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:**

Nelis González  
Name of Person

Firm/Company

2340 PALMETTO RD.  
Address

West Palm Beach, Florida 33406  
City/State and Zip Code

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

**For further information concerning this matter, please call:**

Nelis Gonzalez at (561) 315-6061  
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 18, 2014

NELIS GONZALEZ  
2340 PALMETTO RD  
WEST PALM BEACH, FL 33406

SUBJECT: PAPABU PRODUCTIONS, LLC.  
Ref. Number: W14000069447

RECEIVED  
14 DEC -3 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for PAPABU PRODUCTIONS, 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):

The name of a limited liability company must be in English and composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the name of the limited liability company accordingly.

Please give only one person or company as registered agent.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 714A00024438

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Papabu Productions, 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:

2340 PALMETTO RD.  
W. P. B., FL 33406

Mailing Address:

2340 PALMETTO RD.  
W. P. B. FL 33406

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:

EDELIO HALO

Name

9136 PARAGON WAY

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

BOYNTON BEACH FL 33472

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.*

[Signature]  
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

MGR

**Name and Address:**

Ms. Nelis Gonzalez

2340 PALMETO RD.

West Palm Beach, FL 33406

(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.)

Nelis Gonzalez

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)