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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)617-6383

Frons

Account Name : GEOFFREY M. WAYNE, P.A. Account Number : 076770003401 Phone : (305)381-8108

Fax Number

: (305)381-8109

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

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### FLORIDA LIMITED LIABILITY CO. SIX ARMS LLC

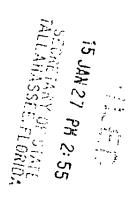
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: SIX ARMS LLC

## **ARTICLE II- Address:**

ARTICLE IV - Management

The mailing address and street address of the principal office of the Limited Liability Company is: 1010 Jeater Bend Dr., Kissimmee, FL 34747

# ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Geoffrey M. Wayne 135 San Lorenzo Ave., PH 840 Coral Gables, FL 33146

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.

egistered Agent's Signature

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

Title:

Name and Address:
Luis Velasco
1010 Jeater Bend Dr.
Kissimmee, FL 34747

AMBR

Hylenne Rodriguez
1010 Jeater Bend Dr.
Kissimmee, FL 34747

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

ARTICLE IV – Other Provisions, if any.

ARTICLE IV – Other Provisions, if any.

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.)

Geoffrey M. Wayne
Typed or printed name of signee

# FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)