

LI 500 00 21057

(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



600267860326

01/12/15--01044--002 **155.00

FILED
15 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. G. W. FEB 04 2015

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2015

JACOB AZAR
1616 N MISSOURI AVE
LARGO, FL 33770

SUBJECT: MIDWAY SHOE REPAIR LLC
Ref. Number: W15000004587

We have received your document for MIDWAY SHOE REPAIR 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 effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00001320

Midway Shoe Repair

1616 N. Missouri Ave

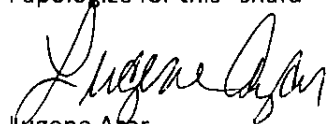
Largo, FL 33770

January 8, 2015

Attached is Cover letter and articles of organization for Midway Shoe Repair. An application was previously forwarded, but the check was rejected – I transferred funds from my savings to this checking account, but Wells Fargo failed to do it. Here is a replacement check.

Also, over the telephone, your representative said our application would be rejected because the name "Midway Shoe Repair" is already in use, and only after rejection we would be able to provide a letter from the current owner of the name relinquishing the name. In case we can bypass the rejection process, also included is the aforementioned relinquishment statement, as this business is being passed from master to apprentice.

I apologize for this "snafu" – thank you for your assistance.



Eugene Azar

Authorized Member, Midway Shoe Repair

FILED
15 JAN 27 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Midway Shoe Repair 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:

1616 N. Missouri Ave
Largo FL 33770

1616 N. Missouri Ave
Largo FL 33770

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:

Jacob S. Azar
Name

1616 N. Missouri Ave
Florida street address (P.O. Box **NOT** acceptable)

Largo FL 33770
City Zip

I 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.

Jacob S. Azar
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 JAN 27 PM 4:00
SECRETARY OF STATE
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

AMBR

Name and Address:

Lugene M. Azar
11776 106 Ave
Seminole FL 33778

[Signature]

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ~~01/27/09~~ (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]

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.)

Jacob S. Azar

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)

FILED
15 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA