

L15000022194

(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:

*Salomei gave permission to
remove eff. date - and
file as of date of receipt
of 1/20/15*

Office Use Only



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01/20/15--01020--020 **130.00

FILED
15 JAN 20 PM 2:30
RECEIVED STATE
11/20/2015 11:00:01

M. MILLIGAN
EXAMINER

FEB 5 2015

8256-516M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2015

SALOMIE CHUNG
7275 SW 90TH WAY
G607
MIAMI, FL 33156

SUBJECT: PRIZM4 ENTERPRISES, LLC
Ref. Number: W15000007538

We have received your document for PRIZM4 ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 20, 2015. Please amend your document accordingly.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00002094

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prizma Enterprises, 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:

Salomie Chung
Name of Person

Prizma Enterprises, LLC
Firm/Company

7275 S.W. 90th Way, # G607
Address

Miami, FL 33156
City/State and Zip Code

futrdoc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Salomie Chung at (305) 397-3827
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prizma Enterprises, 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:

7275 S.W. 90th Way, #G607
Miami, FL 33156

Mailing Address:

7275 S.W. 90th Way
G607
Miami FL 33156

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:

Salomie Chung

Name

7275 S.W. 90th Way, #G607

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

Miami

City

FL

33156

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)

15 JAN 20 PM 2:30
FILED
REGISTERED AGENT
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

MGR

AR

Name and Address:

Salomie Chung
7275 SW 90th Way #G607
Miami, FL 33156

Salomie Chung
7275 SW 90th Way #G607
Miami FL 33156

Salomie Chung
7275 SW 90th Way #G607
Miami FL 33134

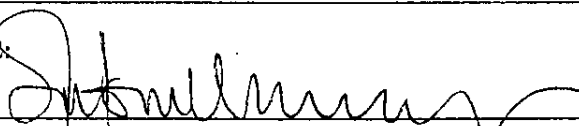
(Use attachment if necessary)

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.)

SALOMIE CHUNG

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)

FILED
15 JAN 20 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA