# 15000025821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/25/14--01004--013 \*\*70.00

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M. MILLIGAN EXAMINER

FEB 11 2015

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## HARMONY INVESTMENT GROUP, LLC

5811 HALLANDALE BEACH BLVD. WEST PARK FL 33023 (754)204-0580

Department of State New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

November 20, 2014

**Subject: Release of Corporation Name** 

This is to certify that I am the President of HARMONY INVESTMENT GROUP, LLC. listed under document No: L07000043764, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely

Yanick Castor President



RECEIVED 14 DEC 15 PM 1:30

## FLORIDA DEPARTMENT OF STATE SECRETARY DE STATE Division of Corporations

December 1, 2014

YANICK CASTOR 5811 HALLANDALE BEACH BLVD WEST PARK, FL. 33023

SUBJECT: HARMONY INVESTMENT GROUP, LLC

Ref. Number: W14000071323

We have received your document for HARMONY INVESTMENT GROUP, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 814A00025212

WRONG FOR USED

### **COVER LETTER**

10: Registration Section Division of Corporations		
CHRIST LIABARAN ARVESTABLIT OR OL	4B 11 6	
SUBJECT: <u>HARMONY INVESTMENT GROU</u> Name of Lir	nited Liability Company	<del></del>
The enclosed Articles of Organization and fee(s) as	re submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
WANIGK CACTOR		
YANICK CASTOR	Name of Person	
HARMONY INVESTMENT GROUP	P. LLC Firm/Company	
	· ····································	
5811 HALLANDALE BEACH BLVE		
	Address	
WEST PARK, FL 33023		
C	City/State and Zip Code	
AL_MAYUNGBE@YAHOO.COM E-mail address: (to be use	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	305 ) 342-1715	
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 Filing Fee   Status  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	Street/Courier Addr	<u>'ess</u>
Registration Section Division of Corporations	Registration Section Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	er Circle
	Tallahassee, FL 3230	)1

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	مين المنظم ا المنظم المنظم
HARMONY INVESTMENT GROUP, LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	A STATE OF THE STA
The mailing address and street address of the prine	cipal office of the Limited Liability Company is:
	ک پر ایشن کرار
Principal Office Address:	Mailing Address:
5811 HALLANDALE BEACH BLVD WEST PARK, FL 33023	SAME AS PRINCIPAL ADDRESS
another business entity with an active Florida regi	ts own Registered Agent. You must designate an individual or istration.)
(The Limited Liability Company cannot serve as i	ts own Registered Agent. You must designate an individual or istration.)
(The Limited Liability Company cannot serve as i another business entity with an active Florida region The name and the Florida street address of the region ALBERT A MAYUNGBI	ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:  E. CPA  Name
(The Limited Liability Company cannot serve as i another business entity with an active Florida region The name and the Florida street address of the region ALBERT A MAYUNGBI 111 NW 183RD STREET	ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:  E. CPA  Name  ET, SUITE 402
(The Limited Liability Company cannot serve as i another business entity with an active Florida region The name and the Florida street address of the region ALBERT A MAYUNGBI  111 NW 183RD STREET Florida street address (P.	ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:  E. CPA  Name  ET, SUITE 402  O. Box NOT acceptable)
(The Limited Liability Company cannot serve as i another business entity with an active Florida region The name and the Florida street address of the region ALBERT A MAYUNGBI  111 NW 183RD STREET Florida street address (P. MIAMI	ts own Registered Agent. You must designate an individual or istration.)  gistered agent are:  E. CPA  Name  ET, SUITE 402  O. Box NOT acceptable)  FL 33169
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(CONTINUED)

Page 1 of 2

**Control of the penalties of perjury that the facts attachment of State constitutes an affirmation submitted in a document constitutes at third degree felony as provided for in s.817.155, F.S.)  **YANICK CASTOR**  Typed or printed name of Registered Agent \$ 3.0.00 Certificate of Status (Optional)  **Page 2 of 2**  **Signature of Status (Optional)  **Page 2 of 2**  **Page 2 of 2**  **Page 2 of 2**  **Page 2 of 2**  **Signature of Status (Optional)  **Page 2 of 2**  **Page 2 of	ttachment if necessary)  Seffective date, if other than the date of filing:  Other provisions, if any.  Seffective 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.)  YANICK CASTOR  Typed or printed name of signce  Filing Fees:  Other Fee for Articles of Organization and Designation of Registered Agent  Other Grant Provision of Status (Optional)  Other provisions of the date must be specific and cannot be more than five business days prior to or 90 grant for the constitute 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.)  YANICK CASTOR  Typed or printed name of signce  Filing Fees:  Other Filing Fee for Articles of Organization and Designation of Registered Agent (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary)  E. V. Effective date, if other than the date of filing:	ttachment if necessary)  Effective date, if other than the date of filing:  (OPTIONAL)  Itate is listed, the date must be specific and cannot be more than five business days prior to or 90 (a)  Other provisions, if any.  E OF THE LLC IS TO CONDUCT ANY AND ALL LAWFUL BUSINESS.  DIRED SIGNATURE:  Signature of a member or ab-authorized representative of a member.  (In accordance with section 605/0020 (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.)  YANICK CASTOR  Typed or printed name of signce  Filing Fees:  O0 Filing Fee for Articles of Organization and Designation of Registered Agent (a)  O0 Certificate of Status (Optional)  Page 2 of 2	"MGR" = Manager	
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(Use attachment if necessary)  E V: Effective date, if other than the date of filling:	Ittachment if necessary)  Siffective date, if other than the date of filing:		WEST PARK, FL 33023
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