

L 15000033492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

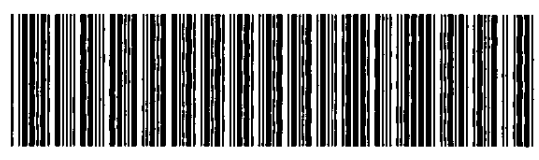
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2015 FEB 23 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 24 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2015

JENNIFFER VISCARRA
1444 BISCAYNE BLVD, STE. 306
MIAMI, FL 33132

SUBJECT: VISCARRA LAW, PLLC
Ref. Number: W15000008137

RECEIVED
15 FEB 23 AM 10:00
BUREAU OF CORPORATE
INFORMATION SERVICES

We have received your document for VISCARRA LAW, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 415A00002273

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VISCARRA LAW, PLLC

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:

Jeniffer Viscarra

Name of Person

Viscarra Law, PLLC

Firm/Company

1444 Biscayne Boulevard, Suite 306

Address

Miami, FL 33132

City/State and Zip Code

viscarraesq@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeniffer Viscarra

Name of Person

at (305)

Area Code

514

) 561-0600

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:

Viscarra Law, PLLC

(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:

1444 Biscayne Boulevard

Same

Suite 306

Miami, FL 33132

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:

Jeniffer Viscarra

Name

1444 Biscayne Boulevard, Suite 306

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

Miami

FL 33132

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

Name and Address:

MGR

Jeniffer Viscarra

1444 Biscayne Boulevard, Suite 306

Miami FL 33132

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TALLAHASSEE, FLORIDA

(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.

purpose of LLC is the practice of law.

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.)

JENIFFER VISCARRA

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)