

L15000038992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

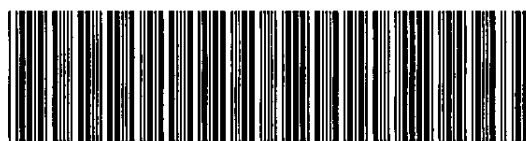
(Document Number)

Certified Copies \_\_\_\_\_

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15 MAR - 2 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 4 2015  
T. HAMPTON

05061-5110

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EDOUARD DIRECT FINANS, 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:

PAULEDOUARD GERMAIN  
Name of Person

EDOUARD DIRECT FINANS, LLC  
Firm/Company

16877 E. COLONIAL DRIVE #157  
Address

ORLANDO, FL 32820  
City/State and Zip Code

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

For further information concerning this matter, please call:

PAUL GERMAIN at ( 407 ) 446-8381  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



RECEIVED

15 MAR -2 AM 10:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DEPARTMENT OF REVENUE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

February 18, 2015

PAULEDOUARD GERMAN  
16877 E COLONIAL DR  
# 157  
ORLANDO, FL 32820

SUBJECT: EDOUARD DISRECT FINANS, LLC  
Ref. Number: W15000012050

We have received your document for EDOUARD DISRECT FINANS, LLC and your check(s) totaling \$125.00. 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 February 11, 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: 615A00003467

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDOUARD DIRECT FINANS, 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:

16877 E. COLONIAL DRIVE #157  
ORLANDO, FL 32820

16877 E. COLONIAL DRIVE #157  
ORLANDO, FL 32820

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:

GENERA PIERRE

Name

4607 AGUILA PL

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

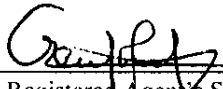
ORLANDO

FL 32826

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

MGR

**Name and Address:**

PAUL GERMAIN

16877 E. COLONIAL DRIVE #157

ORLANDO, FL 32820

AMBR

RUTH NORVILUS

17825 GOLDEN LEAF LN

ORLANDO, FL 32820

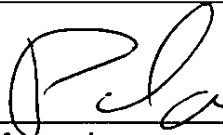
(Use attachment if necessary)

**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.)

PAUL GERMAIN

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 MAR -2 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA