

L15000049268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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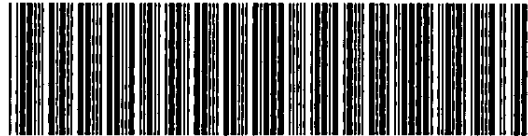
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Effective Date 3/11/15

03/03/15--01005--009 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAR 20 2015
J. HARRIS

Law Offices of
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George A. Minski, Esq.
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Of counsel:
Nestor B. Gorfinkel, Esq.

February 26, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: *Alla Carte LLC*

To Whom It May Concern:

Enclosed please find the following;

1. Cover Letter
2. Articles of Organization For Florida Limited Liability Company.
3. Check number 1529 in the amount of 125.00.

Should you have any questions or concerns, please feel free to contact the office at the above number.

Respectfully,

_____/S/_____
Dora Gomez, Legal Assistant
For the Firm

GAM/dg
Enclosure(s)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alla Carte 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:

Alla Braverman
Name of Person

Alla Carte LLC
Firm/Company

19400 Turnberry Way Unit #331
Address

Aventura/FL 33180
City/State and Zip Code

Alla.brave@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alla Braverman at (786) 271-7388
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

Effective Date 3/11/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alla Carte 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:

19400 Turnberry Way

19400 Turnberry Way

Suite 331

Suite 331

Aventura, FL 33180

Aventura, FL 33180

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:

George A. Minski, Esq.

Name

2018 W. Dixie Highway

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

Aventura

FL 33180

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)

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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:

Alla Braverman

19400 Turnberry Way #331

Aventura, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 11, 2015 (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.)

Alla Braverman, Managing Member

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)

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