

215000055467

(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:

Office Use Only



800270385308

800270385308  
03/09/15--01035--012 \*\*155.00

FILED  
15 MAR 16 AM 11:55

22



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REC-110

15 APR -3 AM 10:00

DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

March 26, 2015

FRANCISCO MANRIQUE  
539 LAKE DAVENPORT BLVD  
DAVENPORT, FL 33897

SUBJECT: HOME THEATER JAPAN LLC  
Ref. Number: W15000021163

We have received your document for HOME THEATER JAPAN LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00006042

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Home Theater Japan 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:

Francisco Manrique  
Name of Person

Home Theater Japan LLC  
Firm/Company

539 Lake Davenport Blvd  
Address

Davenport, Florida 33897  
City/State and Zip Code

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

For further information concerning this matter, please call:

Francisco Manrique at ( 863 ) 274-3170  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Home Theater Japan 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:**

539 Lake Davenport Blvd  
Davenport, FL 38897

**Mailing Address:**

539 Lake Davenport Blvd  
Davenport, FL 33897

**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:

Francisco Manrique

Name

539 Lake Davenport Blvd

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

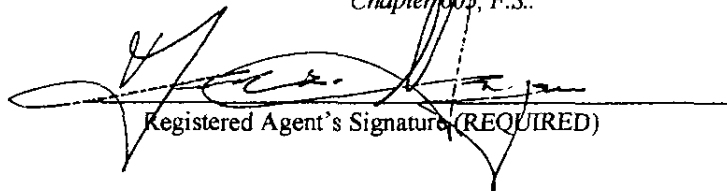
Davenport

City

FL 33897

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)

FILED  
15 MAR 16 AM 11:55

**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:**

Francisco Manrique

539 Lake Davenport Blvd

Davenport, FL 33897

MGR

Marta Vega

539 Lake Davenport Blvd

Davenport, FL 33897

MGR

Cristina Vega

539 Lake Davenport Blvd

Davenport, FL 33897

(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.)

Francisco Manrique

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)

15 MAR 16 AM 11:55

FILED