

#L15000071424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

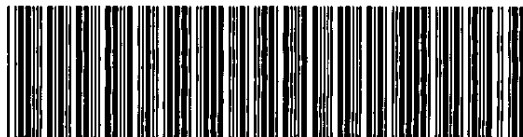
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2015 APR -3 PM 4:10

BEFORE CLERK OF COURT
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 23 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: REPRESENTATIONS ICHI, 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:

REVERON MENDOZA GERMAIN JOSE

Name of Person

REPRESENTATIONS ICHI, LLC.

Firm/Company

520 SABAL LAKE DR. APT 110

Address

LONGWOOD, FLORIDA 32779

City/State and Zip Code

reverong@gmail.com

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

For further information concerning this matter, please call:

GERMAIN REVERON

Name of Person

at (419)

Area Code

6991210

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:

REPRESENTATIONS ICHI, 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:

520 SABAL LAKE DR. APT 110
LONGWOOD, FLORIDA 32779

Mailing Address:

520 SABL LAKE DR. APT 110
LONGWOOD, FLORIDA 32779

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:

NEGAR RAFAEL GRANADO DAVILA

Name

7719 NW 48th ST. SUITE B320

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

MIAMI

FL 33166

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)

FILED
2016 APR -3 PM 4:10
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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:

REVERON MENDOZA GERMAIN JOSE

520 SABAL LAKE DR. APT 110

LONGWOOD, FLORIDA 32779

AMBR

GIL GONZALEZ LUZ MARINA

520 SABAL LAKE DR. APT 110

LONGWOOD, FLORIDA 32779

AMBR

BERMUDEZ SILVA CARLOS EDUARDO

7719 NW 48th ST. SUITE B320

MIAMI, FLORIDA 33166

(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.

MGR: REVERON MENDOZA GERMAIN JOSE. 50%

AMBR: GIL GONZALEZ LUZ MARINA. 49%

AMBR: BERMUDEZ SILVA CARLOS EDUARDO. 1%

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.)

CARLOS EDUARDO BERMUDEZ SILVA

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)