

U5000 082172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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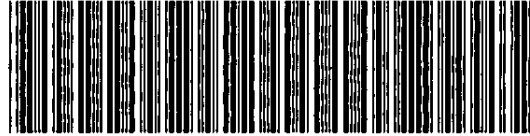
(Business Entity Name)

(Document Number)

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FILED  
15 MAY -7 AM 7:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U5000 082172

J. Stivers MAY 11 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2015

PAMELA PALMA  
2850 PINE TREE DRIVE #3  
MIAMI BEACH, FL 33140

SUBJECT: PAMELA PALMA DESIGNSM LLC  
Ref. Number: W15000028186

RECEIVED  
15 MAY -8 AM 10:00  
DIVISION OF CORPORATIONS  
INFORMATION SERVICES

We have received your document for PAMELA PALMA DESIGNSM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 815A00008096

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pamela Palma Designs, 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:

Pamela M Palma  
Name of Person

Pamela Palma Designs, LLC  
Firm/Company

2850 Pine Tree Drive #3  
Address

Miami Beach, FL 33140  
City/State and Zip Code

1pamelapalma@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Palma at ( 786 ) 897-8856  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pamela Palma Designs, 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:

2850 Pine Tree Drive #3  
Miami Beach, FL 33140

2850 Pine Tree Drive #3  
Miami Beach, FL 33140

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:

Pamela M Palma

Name

2850 Pine Tree Drive #3

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

Miami Beach

FL 33140

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.*

Pm Palma

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:**

Pamela M Palma

2850 Pine Tree Drive #3

Miami Beach, FL 33140

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: .

PA

(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:**

Pm Palma

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.)

Pamela M Palma

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)

15 MAY - 7 AM 7:33  
SECRET  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA