

L15000086121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

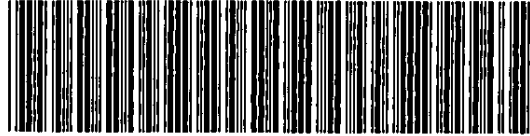
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/15--01031--003 **130.00

L15-3025

FILED
15 MAY 13 PM 4: 58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:00pm MAY 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MALINAT _____
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:

Marycelis Hernandez _____
Name of Person

Firm/Company

4315 W 2nd Ave _____
Address

Hialeah FL 33012 _____
City/State and Zip Code

maricely.hernandez@yahoo.com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marycelis Hernandez at (786) 624-0349
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2015

MARYCELIS HERNANDEZ
4315 W 2ND AVE
HIALEAH, FL 33012

SUBJECT: MALINAT LLC
Ref. Number: W15000030253

RECEIVED
15 MAY 13 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MALINAT 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 registered agent must sign accepting the designation.

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.

Tim Burch
Regulatory Specialist II

Letter Number: 315A00008761

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:
Marycelis Hernandez
4315 W 2nd Ave
Hialeah FL 33012

FILED
15 MAY 13 PM 1:58
STATE OF FLORIDA
TALLAHASSEE

(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.)

Marycelis Hernandez
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)