

L15000090436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

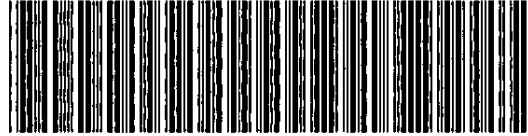
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600272912716

05/15/15--01013--001 *125.00

FILED
2015 MAY 15 PM 1:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

06/01/15

MAY 22 2015

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STAGE & AMAZE, 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:

ADRIANA TORRES ESCOBAR

Name of Person

STAGE & AMAZE

Firm/Company

8578 COLONY TRACE DR

Address

FORT MYERS, FL 33908

City/State and Zip Code

adriana@stageandamaze.com

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

FILED
2015 MAY 15 PM 1:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Adriana Torres

239

738-0951

at (_____) _____

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 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:

STAGE & AMAZE, 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:

8578 Colony Trace Dr
Fort Myers, FL 33908

Mailing Address:

8578 Colony Trace Dr
Fort Myers, FL 33908

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:

Adriana Torres Escobar

Name

8578 Colony Trace Dr.

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

Fort Myers

FL

33908

City

State

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)

Page 1 of 2

EFFECTIVE DATE

06/01/15

FILED
2015 MAY 15 PM 1:00
CLERK OF STATE
TALLAHASSEE FLORIDA

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:

Adriana Torres Escobar

8578 Colony Trace Dr

Fort Myers, FL 33908

MGR

Matias Escobar

8578 Colony Trace Dr

Fort Myers, FL 33908

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: June 1, 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

Adriana Torres Escobar

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)

FILED
2015 MAY 15 P 1:00
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE
FLORIDA