

L15000094159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

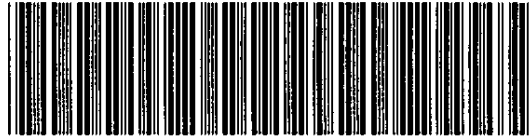
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/26/15--01030--016 **160.00

FILED
15 MAY 26 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 1 2015

T. HAMPTON

Miami, May 19th, 2015

Florida Department of State
Registration Section
Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: FRANKLIN 3564, LLC.

Dear sirs,

Please find herewith THE Articles of Organization and a check in the amount of \$160.- towards the creation of "FRANKLIN, 3564, LLC."

Sincerely,

A handwritten signature in black ink, appearing to read 'Philippe LARMIER', written in a cursive style.

Philippe LARMIER
3225 Franklin Ave, apt # 208
Miami, Fl., 33133
Tel : (786) 271.4821

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKLIN 3564, 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:

PHILIPPE LARMIER

Name of Person

Firm/Company

3225 FRANKLIN AVE, # 208

Address

MIAMI - FL - 33133

City/State and Zip Code

PLARMIER@MSN.COM

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

For further information concerning this matter, please call:

PHILIPPE LARMIER at (786) 271-4821
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:

FRANKLIN 3564, 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:

C/O P. LARMIER
3225 FRANKLIN AVE
MIAMI - FL 33133

Mailing Address:

C/O P. LARMIER
3225 FRANKLIN AVE #208
MIAMI - FL 33133

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:

PHILIPPE LARMIER

Name

3225 FRANKLIN AVE, #208

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

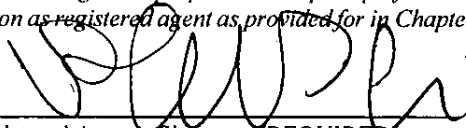
MIAMI FL 33133

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)

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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"

"AMBR"

Name and Address:

PHILIPPE LARMIER
3225 FRANKLIN AVE, #208
MIAMI - FL 33133

SABRINA JACQUET
3225 FRANKLIN AVE #208
MIAMI - FL 33133

(Use attachment if necessary)

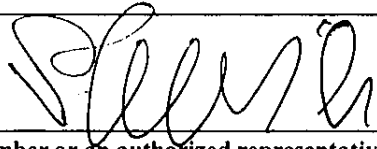
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

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.)

PHILIPPE LARMIER

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)

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TALLAHASSEE, FLORIDA