

L1500094550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

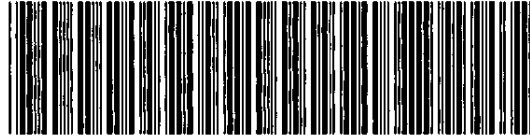
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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STATE OF ARIZONA  
TALIAFERRO CLERK

JUN 02 2015

J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2015

JEAN ALEX ST SURIN  
75 NW 167 ST  
N MIAMI BEACH, FL 33169

SUBJECT: LE GROUPE MEGA LLC  
Ref. Number: W15000034637

We have received your document for LE GROUPE MEGA LLC and your check(s) totaling \$160.00. 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 the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00010252

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LE GROUPE MEGA 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:

Jean alex St Surin  
Name of Person

RADIO MEGA  
Firm/Company

75 NW 167 Street  
Address

North Miami Beach, FL 33169  
City/State and Zip Code

RADIOMEGA@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex St Surin at (786) 4863702  
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:

LE GROUPE MEGA 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:

75 NW 167 Street  
NHB FL 33169

Mailing Address:

SARLE

**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:

Christian St Surin

Name

75 NW 167 Street NHB FL 33169

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

North Miami Beach FL 33169

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.

Christian St Surin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 29 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

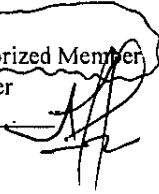
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO



**Name and Address:**

Jean alex St Surin

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/09/2015 (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.)

Jean alex St Surin

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)

FILED  
MAY 29 PM 3:20  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA