# 11500011270

(Re	equestor's Name)	,
(Ac	idress)	,
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,	Office Use Only	,

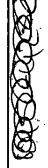


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15 JUL -1 AM 8: 04

SECRETARY OF STATE
STATE CORPORATION



JUL 02 2015 T SCHROEDER



# RECEIVED

15 JUL - 1 AM 10: 49

# FLORIDA DEPARTMENT OF STATESECRETARY OF STATE Division of Corporations

June 19, 2015

JUDE CEDRIOT CEANT 610 NW 38TH ST POMPANO BEACH, FL 33064

SUBJECT: CEANT PROPERTIES LLC.

Ref. Number: W15000042513

We have received your document for CEANT PROPERTIES 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 MANAGERS NAME IS NOT LISTED.,

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) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 015A00012928

www.sunbiz.org

## **COVER LETTER**

TO:

**Registration Section** 

ı	Division of Corporations			
SUBJEC	Т:	CEANT PROPERT	TIES LLC.	
		ame of Limited Liabi	lity Company	<del></del> _
The enclo	sed Articles of Organization and	d fee(s) are submitted	d for filing.	
Please ret	urn all correspondence concerni	ng this matter to the	following:	
	•	INDE SED	ROIT CEANT	
			f Person!	·
	-	Firm/Co	ompany	
		610 NW 3	8th Street	
		Add	ress	
		Pompano Bea	ch, FL 33064	
		City/State ar	*	
		soraceant@y	ahoo.com	
	E-mail address: (t	o be used for future	annual report notificati	on)
For further	information concerning this mat	ter, please call:		
	JUDE <b>S</b> EDROIT CEANT	954 at (	461-1116	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for the following amo	ou <b>n</b> t:		
\$125.00 F	<del>-</del>	Fee & \$155. Status Certif	00 Filing Fee & ied Copy all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	is .	Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahussee, FL 3230	r Cirele

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co				
	CEANT PROPER	TIES LLC.		
(Must end with	the words "Limited L	iability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and street addres	ss of the principal office	ee of the Limi	ted Liability Company is:	
Principal Office Address:			Mailing Address:	
610 NW 38th Street		6	610 NW 38th Street	
Pompano Beach, FL 33064		Pompano Beach, FL 33064		
RTICLE III - Registered Agent, I	Registered Office, & not serve as its own Re	Registered A	gent's Signature:	
RTICLE III - Registered Agent, I The Limited Liability Company can nother business entity with an active	Registered Office, & not serve as its own Rec Florida registration.)	Registered Age	gent's Signature:	
ARTICLE III - Registered Agent, I The Limited Liability Company can nother business entity with an active	Registered Office, & not serve as its own Re Florida registration.)	Registered Age	gent's Signature: nt. You must designate an individual or	
ARTICLE III - Registered Agent, I The Limited Liability Company can mother business entity with an active	Registered Office, & not serve as its own Re Elorida registration.) ess of the registered ag	Registered A egistered Age	gent's Signature: nt. You must designate an individual or	
ARTICLE III - Registered Agent, I The Limited Liability Company can mother business entity with an active	Registered Office, & not serve as its own Ree Florida registration.) ess of the registered at JUDE CE	Registered A egistered Age ) gent are:	gent's Signature: nt. You must designate an individual or NT	
ARTICLE III - Registered Agent, I The Limited Liability Company can mother business entity with an active The name and the Florida street addre	Registered Office, & not serve as its own Ree Florida registration.) ess of the registered at JUDE CE	Registered Age egistered Age gent are: DROIT CEA Name	gent's Signature: nt. You must designate an individual or NT	
ARTICLE III - Registered Agent, I The Limited Liability Company cam mother business entity with an active The name and the Florida street addre	Registered Office, & not serve as its own Ree Florida registration.) ess of the registered at JUDE GE	Registered Age egistered Age gent are: DROIT CEA Name	gent's Signature: nt. You must designate an individual or NT	

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..

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE OF CORPORATIONS

15 JUL - I AM 8: 04

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	JUDE CEDROIT CEANT 610 NW 38TH STREET Pompano Beach, FL 33064
(Use attachment if necessary)	
effective date is listed, the date must be spec te of filing.)	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days a  et the applicable statutory filing requirements, this date will not be list  State's records.
CLE VI: Other provisions, if any.	

(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.)

JUDE CEDROIT CEANT

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)

JUL -1 AM 8:0

SECRETARY OF STATE OF STATE OF CORPORATIONS