

L15000122234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

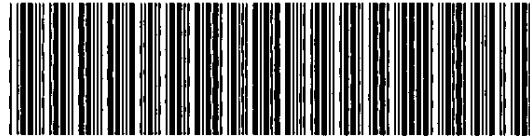
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2015 JUL 14 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 22 2015

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE AGATHIST GROUP 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:

MARCELA LAURA SCHAFFER
(Name of Person)

THE AGATHIST GROUP
(Firm/Company)

210 174TH STREET- APT 1219
(Address)

SUNNY ISLES BEACH, FL, 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

MARCELA LAURA SCHAFFER at (305) 975 9575
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2015 JUL 14 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE AGATHIST GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

210 174TH STREET- APT 1219

33160- SUNNY ISLES BEACH- FL

Mailing Address:

210 174TH STREET- APT 1219

33160- SUNNY ISLES BEACH- FL

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MARCELA LAURA SCHAFFER

Name

210 174TH STREET- APT 1219

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

SUNNY ISLES BEACH-33160 FLORIDA

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MARCELA SCHAFFER

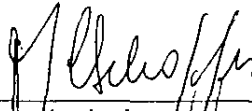
210 174TH STREET- APT 1219

SUNNY ISLES BEACH- FL 33160

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARCELA LAURA SCHAFFER

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)