

L15000142645

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2015 AUG 19 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/28/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: universal supreme being order of the royal phoenix
embassy of peace.
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:

Chief Justice White eagle I
Name of Person

Universal supreme being order of the royal phoenix
embassy of peace.
Firm/Company
42 st
2785 n.w. #6
Address

miami, fl 33147
City/State and Zip Code
sharonwest4435@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis West at (305) 910-6226
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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: universal supreme being

order of the royal phoenix embassy of peace. 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:

6526 n.w 12 ct
miami fl 33147

Mailing Address:

6526 n.w 12 ct
miami fl 33147

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:

Travis West
Name
6526 n.w 12 ct
Florida street address (P.O. Box **NOT** acceptable)
Miami fl 33147
City State Zip

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TALLAHASSEE, FLORIDA

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.

Travis West
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:

Travis West

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Travis West

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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Accounting information:	452	Peak working set size:	30048
Buffered I/O count:	121108	Peak virtual size:	255408
Direct I/O count:	1918	Mounted volumes:	0
Page faults:	0 00:00:04.26	Elapsed time:	0 00:00:27.49
Charged CPU time:			

Job terminated at 22-JUL-2015 07:08:24.87

EXIT
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EXIT COMMAND STRAM