

L15000158268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 SEP 18 AM 9:10

SEP 21 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2015

EMMETT R. L. MOORE
3515 ANDERSON RD
CORAL GABLES, FL 33134

SUBJECT: ECHO ROMEO, LLC
Ref. Number: W15000056543

We have received your document for ECHO ROMEO, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE REGISTERED AGENT MUST BE LISTED AS IT IS REGISTERED WITH OUR OFFICE.

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: 715A00017946



RECEIVED
15 SEP 18 AM 11:07
TALLAHASSEE, FLORIDA

September 14, 2015

New Filing Section
ATTN: Terri Schroeder
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Echo Romeo, LLC/ W15000056543

Dear Ms. Schroeder,

Enclosed please find a cover letter and corrected filing for the above referenced company previously filed on August 25, 2015.

Please do not hesitate to contact me should you have any questions.

Regards,

Sheila DeLeon

/sd

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Echo Romeo, 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:

Emmett R.L. Moore
Name of Person
Echo Romeo, LLC
Firm/Company
3515 Anderson Road
Address
Coral Gables, FL 33134
City/State and Zip Code
Emmettrlm@gmail.com / cc: michael@moore-and-co.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emmett R.L. Moore 305 725-6630
Name of Person at () Daytime Telephone Number
Area Code

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:

Echo Romeo, 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:

Mailing Address:

3515 Anderson Road

Coral Gables, FL 33134

3515 Anderson Road

Coral Gables, FL 33134

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:

Moore & Co., P.A.

Name

355 Alhambra Circle, Suite 1100

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

Coral Gables

FL

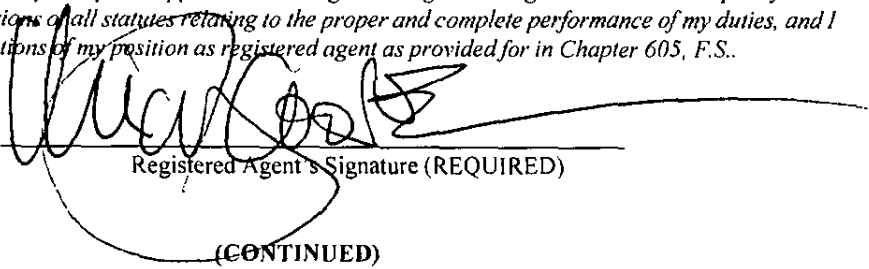
33134

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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Emmett R.L. Moore

3515 Anderson Road

Coral Gables, FL 33134

(Use attachment if necessary)

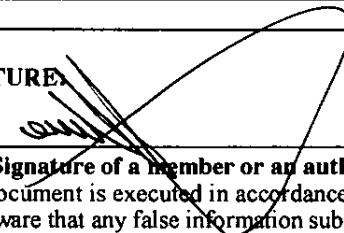
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

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.

Emmett R.L. Moore

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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DIVISION OF CORPORATIONS
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