

L15000173224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

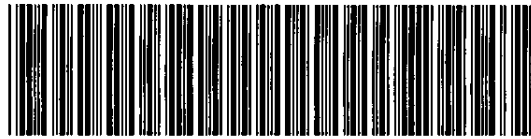
Certificates of Status _____

Special Instructions to Filing Officer:

Mr. ^{Spoke w/} Vogel 10/8/15
add "MARM" title.

~~WIS-62876~~

Office Use Only



200276886522

09/11/15--01008--007 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT -8 AM 10:24

APPROVAL
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dinah Vogel 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:

Dinah Vogel

Name of Person

Firm/Company

10000 West Bay Harbor Dr #205

Address

Bay Harbor Islands FL 33154

City/State and Zip Code

Dinah.Shapiro@Gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dinah Vogel

786

5031163

at (

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

DINAH VOGEL
10000 WEST BAY HARBOR DR #205
BAY HARBOR ISLAND, FL 33154

SUBJECT: DINAH VOGEL LLC
Ref. Number: W15000062876

We have received your document for DINAH VOGEL 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 915A00019984

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

15 OCT -8 AM 10:24

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dinah Vogel LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10000 West Bay Harbor Dr, #205
Bay Harbor Islands FL 33154

10000 West Bay Harbor Dr, #205
Bay Harbor Islands FL 33154

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:

Dinah Vogel

Name

10000 West Bay Harbor Dr, #205

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

<u>Bay Harbor Islands</u>	<u>FL</u>	<u>33154</u>
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)

APPROVED
AND
FILED

15 OCT -8 AM 10:24

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

Dinah Vogel *MGR m*

Name and Address:

10000 West Bay Harbor Dr, #205

Bay Harbor Islands FL 33154

(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.

DINAH VOGEL

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)