

L16000030726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

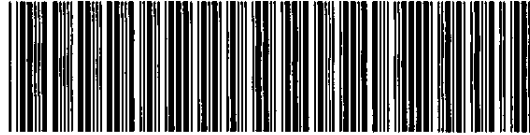
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600278877976

02/09/16--01021--030 **46.25

11/23/15--01030--013 **78.75

FILED
16 FEB -9 PM 4:00
COURT CLERK
JANUARY 12, 2016

2/15/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELEVEN ELEVEN ENTERPRISES 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:

ANE MARQUES

Name of Person

ELEVEN ELEVEN ENTERPRISES LLC.

Firm/Company

4314 BAYSIDE VILLAGE DR #302

Address

TAMPA, FL 33615

City/State and Zip Code

LMPM1111@GMAIL.COM

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

For further information concerning this matter, please call:

ANE MARQUES

813

458-2477

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)

\$46.25
difference

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

FILED
16 FEB -9 PM 4:00
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
16 FEB -9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 15, 2016

ANE MARQUES
4314 BAYSIDE VILLAGE #302
TAMPA, FL 33615

SUBJECT: LMPM, LLC
Ref. Number: W15000077888

We have received your document for LMPM, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your name suggests that you are registering an LLC, and the form you filled out is for a Corporation. Please fill out the LLC form, if it is an LLC you are intending to file. If it is a Corporation, you cannot have an LLC ending suffix. Please change it to: Corp, Corporation, Inc, Incorporated, Co, or Company.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 315A00025258

16 FEB -9 AM 9:56
16 FEB -9 AM 9:56
16 FEB -9 AM 9:56



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

ANE MARQUES
4314 BAYSIDE VILLAGE #302
TAMPA, FL 33615

SUBJECT: ~~LMPM, LLC~~
Ref. Number: W15000077888

change to:

1/07/15

ane marques

Eleven Eleven LLC

Eleven Eleven LLC

We have received your document for ~~LMPM, LLC~~ and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 315A00025258

my Ph: (813) 458-2477

Thanks.

RECEIVED
11 PM 2:21
BY OFFICE
13

FILED
16 FEB -9 PM 4:00
TALLAHASSEE, FLORIDA

January 29, 16
Tampa, Florida

Dear Jesssica,

Attached is the form for LLC. I Changed the name from LMPM LLC to Eleven Eleven Enterprises LLC.
I also included the \$46.25 difference for the filing fees.

Thanks in advance,

Ane Marques
(813) 458-2477

FILED
16 FEB -9 PM 4:00
CLERK OF COURT
HALL OF RECORDS
TAMPA, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEVEN ELEVEN ENTERPRISES LLC

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

FILED

16 FEB -9 PM 4:00

CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TAMPA, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

4314 BAYSIDE VILLAGE DR #302
TAMPA, FL 33615

Mailing Address:

4314 BAYSIDE VILLAGE DR #302
TAMPA, FL 33615

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:

ANE MARQUES

Name

4314 BAYSIDE VILLAGE DR #302

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

TAMPA

City

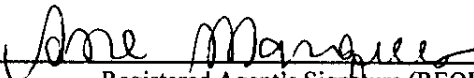
FLORIDA

State

33615

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LUELY MARQUES

4314 BAYSIDE VILLAGE DR #302. TAMPA, FL

(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.

Typed or printed name of signee

Luely Marques

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)

FILED
16 FEB -9 PM 4:00
TAMPA, FLORIDA