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11/2/2015

COVER LETTER

10:	Division of Corporations	
emb ico	Azure Dawn Street Tee, LLC	
SUBJEC	Name of Limited L	iability Company
The encl	closed Articles of Organization and fee(s) are subm	nitted for filing.
Please re	return all correspondence concerning this matter to	the following:
	Terrance Santhangelo Capron	
	Nar	ne of Person
	Azure Dawn Street Tee, LLC	•
	Fin	m/Com pany
	1829 Fillmore Street	
		Address
	Hollywood, Florida 33020	
	City/Sta santhangelot@gmail.com	ate and Zip Code
	E-mail address: (to be used for fu	ture annual report notification)
For further	her information concerning this matter, please call:	
	Terrance Santhangelo Capron 786	273-1796
	Name of Person Area Co	ode Daytime Telephone Number
Enclose	sed is a check for the following amount:	
\$125.00	Certificate of Status	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) S160.00 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



February 4, 2016

TERRANCE SANTHANGELO CAPRON 1829 FILLMORE STREET HOLLYWOOD, FL 33020

SUBJECT: AZURE DAWN STREET TEE, LLC

Ref. Number: W16000008756

We have received your document for AZURE DAWN STREET TEE, 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):

Complete the name of the President in Article V.

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.

Letter Number: 916A00002470

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Division of Comparations DO DOV 6997 Tellahogges Florida 9991

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ty Company is:			16 FEB
Azure Dawn Street 1 (Must end	Tee, LLC with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited L	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address	•
1829 Fillmore Street	<u>.</u>	· <u>1829</u>	Fillmore Street	
Hollywood, Florida	33020	Holly	wood, Florida 33020	
(The Limited Liability Company another business entity with an another business entity with an another hame and the Florida street	active Florida registration address of the registered	n.) I agent are:	ou must designate an mustr	duai oi
	Terrance Santhangelo Capron Name			
•	1829 Fillmore Street			
	Florida street address (P.O. Box NOT acceptable)			
	Hollywood	Florida	33020	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plan familiar with and accept the ob	, I hereby accept the app rovisions of all statutes re	ointment as registered elating to the proper d	d agent and agree to act in th and complete performance o	his capacity. I f my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorize "MGR" = Manager President	d Member —	Name and Address: TERRANCE.S. CAPRON (PRE 1829 Fillmore Street Hollywood, Florida 33020
	_	Hollywood, Florida 33020
	_	
	_	
(Use attachment if ne	cessary)	
effective date is listed, th	other than the date	of filing: February 15 Zolb (OPTIONAL) ecific and cannot be more than five business days prior to or 90
CLE V: Effective date, if effective date is listed, thate of filing.) If the date inserted in the	other than the date the date must be specified in the specific block does not m	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if effective date is listed, thate of filing.) If the date inserted in the ocument's effective date of	other than the date are date must be spe is block does not mon the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ICLE V: Effective date, if a effective date is listed, the ate of filing.) If the date inserted in the locument's effective date of	other than the date the date must be specific block does not more the Department of s, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
TICLE V: Effective date, if n effective date is listed, the late of filing.) e: If the date inserted in the document's effective date of TICLE VI: Other provisions REQUIRED SIGNA This of I am a	other than the date the date must be specific block does not must be partment of the date. TURE: Signature of a medocument is execut aware that any false	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ICLE V: Effective date, if a effective date is listed, the ate of filing.) If the date inserted in the locument's effective date of ICLE VI: Other provisions REOUIRED SIGNA This of I am a	other than the date the date must be specific block does not must be partment of the date. TURE: Signature of a medocument is execut aware that any false	ecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records. Sember or an authorized representative of a member. The detail of accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State as felony as provided for in s.817.155, F.S.