

L16000042922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

K1600003910

MAR 03 2016

T. SCOTT



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01/06/16--01012--018 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 FEB 29 PM 4:10



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
16 FEB 26 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 21, 2016

ROBIN FIGUEROA  
HALLOWED POINT TATTO LLC  
1200 MALABAR RD SE SUITE 4  
PALM BAY, FL 32907

SUBJECT: HALLOWED POINT TATTO LLC  
Ref. Number: W16000003910

We have received your document for HALLOWED POINT TATTO 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):

*Tattoo*

The registered agent must sign accepting the designation.

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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 116A00001300

*Signed*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hallowed Point Tattoo 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:

Robin Figueroa

Name of Person

Hallowed Point Tattoo LLC

Firm/Company

1200 Malabar Rd SE Suite 4

Address

Palm Bay, FL 32907

City/State and Zip Code

tat2robhallowedpoint@yahoo.com

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

For further information concerning this matter, please call:

Robin Figueroa

321

446-7183

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Hallowed Point Tattoo 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:**

1200 Malabar Rd SE Suite 4  
Palm Bay, FL 32907

**Mailing Address:**

Po Box 110207  
Palm Bay, FL 32911

**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:

Robin Figueroa

Name

1750 Dalroy St Nw

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


Palm Bay, FL 32907

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Robin Figueroa AMBR

**Name and Address:**

1750 Dalroy St Nw

Palm Bay, FL 32907

Kimberly Figueroa AM

1750 Dalroy St Nw

Palm Bay, FL 32907

(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.

Robin Figueroa

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)**