

LI 6000053376

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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16 MAR 17 PM 3:31
CLERK OF DISTRICT COURT
ALL AMOUNTS PAID

cf 3/17/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACE REAL ESTATE SOLUTION, 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:

MARIE C MOISE

Name of Person

ACE REAL ESTATE SOLUTION, LLC

Firm/Company

4532 W KENNEDY BLVD #464

Address

TAMPA, FL 33609

City/State and Zip Code

marie.moises@gmail.com

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

For further information concerning this matter, please call:

MARIE MOISE at (706) 621-8718
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
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy
- see letter*
(additional copy is enclosed)
(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

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16 MAR 17 PM 3:31
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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16 MAR 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 8, 2016

MARIE C. MOISE
4532 W. KENNEDY BLVD.
#464
TAMPA, FL 33609

SUBJECT: ACE REAL ESTATE SOLUTION, LLC
Ref. Number: W16000007340

We have received your document for ACE REAL ESTATE SOLUTION, 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 failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 516A00000767

16 MAR 17 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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16 MAR 17 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 2, 2016

MARIE C. MOISE
4532 W. KENNEDY BLVD.
#464
TAMPA, FL 33609

SUBJECT: ACE REAL ESTATE SOLUTION, LLC
Ref. Number: W16000007340

We have received your document for ACE REAL ESTATE SOLUTION, 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):

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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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 716A00002238

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16 FEB 29 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 17 PM 3:31

ACE REAL ESTATE SOLUTION, 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:

MARIE C MOISE
4532 W. Kennedy Blvd.
#464
Tampa, FL 33609

Mailing Address:

4532 W. KENNEDY BLVD
#464
TAMPA, FL 33609

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:

MARIE C MOISE
Name

3426 KYSAIL PLACE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33607
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..

[Signature]
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

CEO

Name and Address:

MARIE C MOISE

3426 SKYSAIL PL

TAMPA, FL 33607

(Use attachment if necessary)

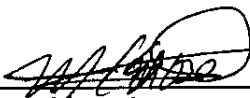
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

MARIE C MOISE

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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TAMPA, FLORIDA