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Special Instructions	to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V16-20119

04-01-16

COVER LETTER

	Division of Corporations	
SUBJEC	SACRED HEART, LLC	
SOBJEC		ed Liability Company
The enclo	osed Articles of Organization and fee(s) are	submitted for filing.
Please ret	turn all correspondence concerning this matt	er to the following:
	н	RVE JEAN-LOUIS
		Name of Person
		Firm/Company
		1474 SW 26 Ave
		Address
	DEERI	FIELD BEACH, FL 33442
	City	/State and Zip Code
	imbecile	ouye@hotmail.com
	E-mail address: (to be used for	r future annual report notification)
For further i	information concerning this matter, please c	all:
	HERVE JEAN-LOUIS 954	446-3554
	Name of Person Area	a Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
]\$ 125.00 F	Filing Fee \$\frac{1}{\sqrt{2}}\$130.00 Filing Fee \$\frac{1}{\sqrt{2}}\$Certificate of Status	\$155.00 Filing Fee & \$160.00 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

March 17, 2016

HERVE JEAN-LOUIS 1474 SW 26 AVE DEERFIELD BEACH, FL 33442

SUBJECT: SACRED HEART, LIMITED LIABILITY COMPANY

Ref. Number: W16000020119

We have received your document for SACRED HEART, LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tim Burch Regulatory Specialist II

Letter Number: 716A00005535

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Sacred Heart Ser	vices, LLC		
(Must end wi	th the words "Limited Li		y, "L.L.C.," or "LLC.")	_
RTICLE II - Address: he mailing address and street add	ress of the principal offic	ce of the Limite	d Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
1474 SW	/ 26 Ave		1474 SW 26 Ave	
ARTICLE III - Registered Agent	nnot serve as its own Re	egistered Agent.	ent's Signature: You must designate an individual or	154
ARTICLE III - Registered Agent The Limited Liability Company ca	t, Registered Office, & annot serve as its own Reive Florida registration.) dress of the registered as	egistered Agent. gent are:	ent's Signature:	15 MAR 30
ARTICLE III - Registered Agent The Limited Liability Company ca nother business entity with an act	t, Registered Office, & unnot serve as its own Re ive Florida registration.) dress of the registered ag Herve Jea	egistered Agent. gent are: n-Louis	ent's Signature:	30
ARTICLE III - Registered Agent The Limited Liability Company ca nother business entity with an act	t, Registered Office, & unnot serve as its own Regive Florida registration.) dress of the registered ag Herve Jea	egistered Agent. gent are: n-Louis Name	ent's Signature: You must designate an individual or,	30 PI
ARTICLE III - Registered Agent The Limited Liability Company ca nother business entity with an act	t, Registered Office, & unnot serve as its own Regive Florida registration.) dress of the registered ag Herve Jea	egistered Agent. gent are: n-Louis Name V 26 Ave	ent's Signature: You must designate an individual or,	30 PI
ARTICLE III - Registered Agent The Limited Liability Company ca nother business entity with an act	t, Registered Office, & unnot serve as its own Registered agents of the	egistered Agent. gent are: n-Louis Name V 26 Ave	ent's Signature: You must designate an individual or,	30 PI

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Hamra Jaan Lauda
CEO	Herve Jean-Louis 1474 SW 26 Ave
	Deerfield Beach, FL 33442
	Desired Desert 15 33 115
	<u> </u>
	P.C.
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fective date is listed, the date must be s of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the dat fective date is listed, the date must be so of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Departmen	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date ective date is listed, the date must be so of filing.) If the date inserted in this block does not ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURES:	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 de meet the applicable statutory filing requirements, this date will not be to of State's records. Jon - Jones Jone
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURES: Signature of a man among that any fall.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be t of State's records. temper or an authorized representative of a member. uted'n accordance with section 605.0203 (1) (b), Florida Statutes. see information submitted in a document to the Department of State
LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect I am aware that any fall constitutes a third degree.	e of filing:

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)