

L16000076386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

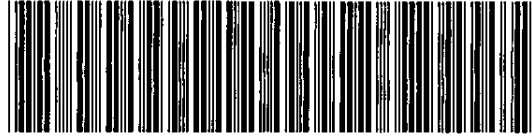
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Special Instructions to Filing Officer:

~~1016-7013~~

Office Use Only



300280639203

EFFECTIVE DATE

5-1-16

01/12/16--01002--002 **160.00

2016 APR 11 PM 1:59
TALLAHASSEE FL 32301
SECRETARY OF STATE

APR 20 2016

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: House Banker-Property Services, 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:

Elisa Mendez Vilchez
Name of Person

House Banker

Firm/Company

7440 Carlyle Av. Apt 1

Address

Miami Beach, Florida - 33141

City/State and Zip Code

housebankerps@gmail.com

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

For further information concerning this matter, please call:

Elisa Mendez at (786) 546 5736

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2016

ELISA MENDEZ VILCHEZ
7440 CARLYLE AVE, APT 1
MIAMI BEACH, FL 33141

SUBJECT: HOUSE BANKER PROPERTY SERVICES, LLC
Ref. Number: W16000007013

We have received your document for HOUSE BANKER PROPERTY SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 216A00002140



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2016

ELISA MENDEZ VILCHEZ
7440 CARLYLE AVE, APT 1
MIAMI BEACH, FL 33141

SUBJECT: HOUSE MANAGER, LLC
Ref. Number: W16000007013

We have received your document for HOUSE MANAGER, LLC and your check(s) totaling \$160.00. 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.

The document number of the name conflict is P14000023329 - HOUSE MANAGER, INC.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 116A00004572

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOVE JAR, LLC.

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

2016 APR 11 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

7440 Carlyle Av. Apt 1.
Miami Beach, FL.
33141

Mailing Address:

7440 Carlyle Av. Apt 1
Miami Beach, FL.
33141

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

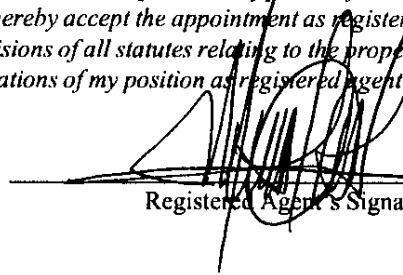
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

EFFECTIVE DATE
5-1-16

Elisa Mendez
Name
7440 Carlyle Av. Apt 1
Florida street address (P.O. Box **NOT** acceptable)
Miami Beach, FL 33141
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

MGR

Name and Address:

Elisa Méndez
7940 Carlyle Av. Apt. 1

(Use attachment if necessary)

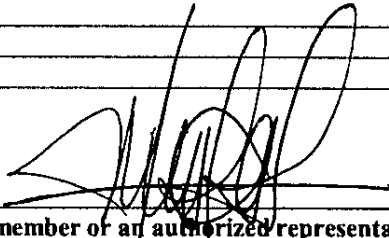
ARTICLE V: Effective date, if other than the date of filing: 05-01-2016 (OPTIONAL)

(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.

Elisa Méndez

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)