

L16000084713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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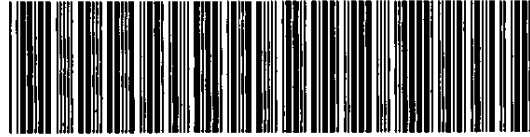
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS

05/04/16

BETH W. MILLER, P. A.

BETH WILLARD MILLER
COUNSELLOR AT LAW

645 VASSAR STREET
ORLANDO, FLORIDA 32804

TELEPHONE (407) 246-8092
FAX (407) 246-8093

April 26, 2016

Division of Corporations
New Filing Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Interaudi LLC

Gentlemen:

Enclosed please find:

Articles of Incorporation, extra copy to be certified
Check for \$160.00

Statement of Authority, extra copy to be certified
Check for \$55.00

Stamped envelope for return delivery of the certified copies.

Sincerely,



Marjorie A. Brown
Legal Assistant

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Interaudi 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:

Beth W. Miller

Name of Person

Beth W. Miller, P.A.

Firm/Company

645 Vassar Street

Address

Orlando, FL 32804

City/State and Zip Code

SJohansson@interauidibank.com

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

For further information concerning this matter, please call:

Beth Miller

407

246-8092

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:

Interaudi 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:

Interaudi Bank

19 East 54th Street

New York, New York 10022

Mailing Address:

c/o Mr. Stefan Johansson

19 East 54th Street

New York, New York 10022

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:

Beth W. Miller

Name

645 Vassar Street

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

Orlando

FL

32804

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..

Beth W Miller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

George J. Audi
19 East 54th Street
New York, NY 10022

MGR

Salim Abboud
19 East 54th Street
New York, NY 10022

MGR

Stefan Johansson
19 East 54th Street
New York, NY 10022

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 25, 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.

Salim A. Abboud
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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2016 APR 27 AM 11:27
STATE
CLERK
TALLAHASSEE