

L16000/05292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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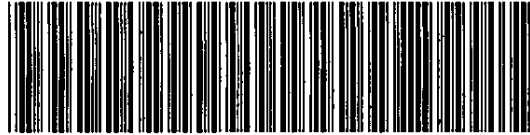
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PACE MASSAGE ART
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:

Olga Luvia Vazquez
Name of Person

Firm/Company

5619 Silver Star Ct
Address

Milton FL. 32583
City/State and Zip Code

ixlubi@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Luvia Vazquez at (850) 324-9678
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:

PACE MESSAGE ART 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:

4958 Hwy. 90
Pace FL. 32571

Mailing Address:

5619 Silver Star Ct
Milton FL. 32583

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:

Olida Lobia Vazquez

Name

5619 Silver Star Ct

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

Milton FL. 32583

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..

Olida Lobia Vazquez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager

Olga Lobia Vazquez
5619 Silver Star Ct
Milton FL 32583

ARTICLE VI: Other provisions, if any.

Olda Lucia Vazquez

Olga Lobia Vazquez

\$ 5.00 Certificate of Status (Optional)

6:00 PM AH10:12