

L16000108636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

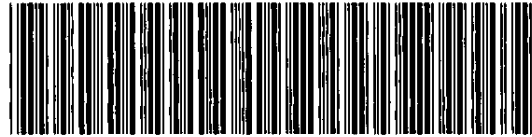
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286361311

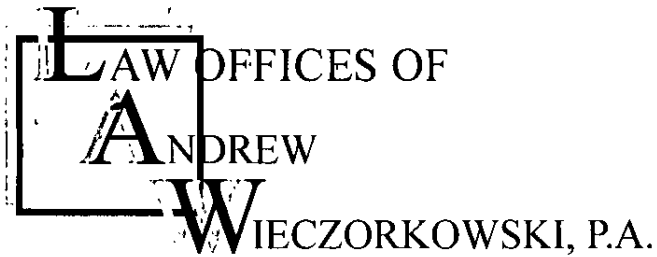
05/31/16--01018--023 **130.00

16 MAY 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

Culligan

JUN - 7 2016



- FAMILY LAW
- CIVIL LITIGATION
- PERSONAL INJURY
- WILLS AND TRUSTS

May 25, 2016

Florida Department of State
New Filing Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: ALMA ELENA, LLC
Cover Letter, Articles of Organization for Limited Liability Company

Dear Sir/Madam,

Please be advice that this law firm represents Ms. Heather White with regards to forming a Limited Liability Company (LLC).

Enclosed please find the documents required to register Limited Liability Company and the check in the amount of \$130.00 dollars.

If documents are approved, please submit Articles of Organization to my office as the registered agent at following address: *Andrew Wiczorkowski, 2474 Sunset Point Rd., Clearwater, FL 33765* or my e-mail address at awlawyeradvice@gmail.com.

If any questions or concerns please feel free to contact this office at 727-726-1200.

Thank you for your best attention to this matter.

Very truly yours,

A handwritten signature of Andrew Wiczorkowski, written in black ink, over a circular stamp that reads 'Andrew Wiczorkowski'.

AW/ach
Enclosures
cc: Heather White

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALMA ELENA, 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:

ANDREW WIECZORKOWSKI
Name of Person
ANDREW WIECZORKOWSKI, P.A.
Firm/Company
2474 SUNSET POINT ROAD
Address
CLEARWATER, FL 33765
City/State and Zip Code
awlawyeradvice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW WIECZORKOWSKI 727 726-1200
Name of Person at () 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:

ALMA ELENA, 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:

2840 WEST BAY DRIVE SUITE 321
BELLEAIR BLUFFS, FL 33770

Mailing Address:

2840 WEST BAY DRIVE SUITE 321
BELLEAIR BLUFFS, FL 33770

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:

ANDREW WIECZORKOWSKI

Name

2474 Sunset Point Road

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

Clearwater

FL

33765

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 31 AM 11:00

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

AMBR

Name and Address:

HEATHER WHITE

2840 WEST BAY DRIVE SUITE 321

BELLEAIR BLUFFS, FL 33770

(Use attachment if necessary)

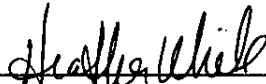
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

HEATHER WHITE

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)

STATE OF FLORIDA
TALLAHASSEE
16 MAY 31 AM 11:00