

L16000108754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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05/31/16--01023--020 **125.00

EFFECTIVE DATE
6-5-16

FILED
16 MAY 31 PM 4:07
TALLAHASSEE, FLORIDA

JUN 6 2016
S. GILBERT

May 24, 2016

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

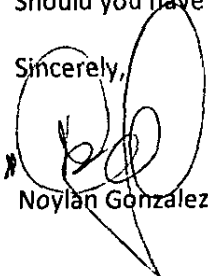
Re: L15000006376

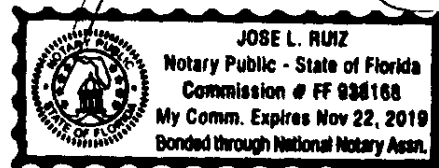
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


Noylan Gonzalez



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NOYLAN INSURANCE GROUP 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:

MARIA E RUIZ

Name of Person

L & M ACCOUNTING SERVICES INC

Firm/Company

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City/State and Zip Code

MARIAQUIROS9@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA E RUIZ

305

595-2407

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:

NOYLAN INSURANCE GROUP LLC

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

FILED
16 MAY 31 PM 4:07
STATE
MIAMI, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

16886 SW 143RD PLACE
MIAMI FLORIDA 33177

Mailing Address:

9415 SUNSET DRIVE SUITE 200
MIAMI FLORIDA 33173

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:

NOYAN GONZALEZ PRADO

Name

16886 SW 143 PLACE

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

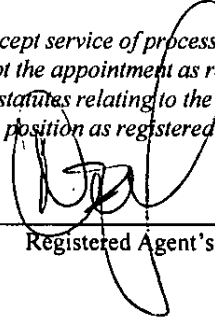
MIAMI FLORIDA 33177

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:

NOYLAN GONZALEZ PRADO

16886 SW 143 PLACE

MIAMI FLORIDA 33177

(Use attachment if necessary)

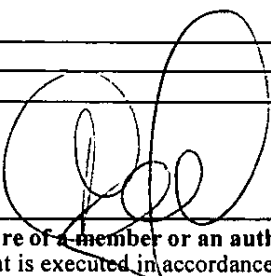
ARTICLE V: Effective date, if other than the date of filing: 06/05/2016. (OPTIONAL)

(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:


A handwritten signature in dark ink, appearing to read 'Noylan Gonzalez Prado', is written over a horizontal line.

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.

NOYLAN GONZALEZ PRADO

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)