

L16000108897

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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16 JUN -6 PM 2:04  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

File 6/7/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALMA STUDIO 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:

GABRIELA SERRA

Name of Person

ALMA STUDIO LLC

Firm/Company

9877 NW 52ND LANE

Address

MIAMI, FL 33178

City/State and Zip Code

gabrielaserra@gmail.com

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

For further information concerning this matter, please call:

GABRIELA SERRA at ( 305 ) 607 6620

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

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JUN - 6 PM 2:04



Gabriela Serra <gabrielaserra8@gmail.com>

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**DE NADA LLC**

1 mensaje

corphelp <corphelp@dos.myflorida.com>

12 de abril de 2016, 08:12

Para: "gabrielaserra8@gmail.com" <gabrielaserra8@gmail.com>

Thank you for your call today. Copied below is the letter that was mailed previously. A new blank LLC form is attached to this email. Please print this email and form, and when you send your new completed LLC form please include a copy of this email as well.

Thank you.

Lee Rivers, Internet Support Section

Florida Division of Corporations

March 17, 2016

GABRIELA SERRA

9877 NW 52ND LANE

DORAL, FL 33178

SUBJECT: DE NADA LLC

Ref. Number: W16000020184

RECEIVED  
16 JUN -6 AM 11:39  
FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
16 JUN -6 PM 2:04  
FLORIDA DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

16 JUN -6 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 17, 2016

GABRIELA SERRA  
9877 NW 52ND LANE  
DORAL, FL 33178

SUBJECT: DE NADA LLC  
Ref. Number: W16000020184

We have received your document for DE NADA LLC and your check(s) totaling \$155.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 116A00005566

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JUN -6 PM 2:04

Alma Studio 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:

Mailing Address:

9877 NW 52ND LANE  
DORAL FL 33178

9877 NW 52ND LANE  
DORAL, FL 33178

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:

Elizabeth Ferrer

Name

3224 Biscayne Blvd APT 217

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

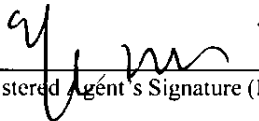
Miami FL 33137

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

AMBR

**Name and Address:**

Victoria Ferra

9877 NW 52nd Lane  
Doral, FL 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 05/29/2016 (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:**

Victoria Ferra

**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.

Victoria Ferra

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)

16 JUN -5 PM 2:04

FILED