

L16 000 112483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

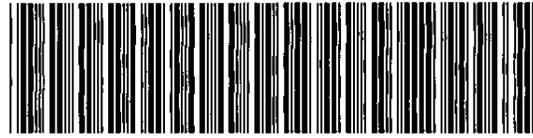
(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
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When you need ACCESS to the world

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WALK IN

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- CERTIFIED COPY** _____
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1. **PAYET ABCO LLC**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Payet ABCO 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:

Amanda Beren
Name of Person

Corpnet
Firm/Company

340 N. Westlake Blvd. #210
Address

Westlake Village, CA 91362
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Beren at (888) 449-2638
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2016

CORPORATE ACCESS

SUBJECT: PAYET ABCO LLC
Ref. Number: W16000042265

We have received your document for PAYET ABCO LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 116A00012171

*Please do
Certified Copy*

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

Celine Payet

428 Avenue du Covet

Chambery, France

MGRM

Anne Payet

428 Avenue du Covet

Chambery, France

MGRM

Olivier Payet

428 Avenue du Covet

Chambery, France

MGRM

Bruno Payet

428 Avenue du Covet

Chambery, France

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Amanda Beren, Organizer

Typed or printed name of signee

16 JUN 10 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)