

L16000115444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

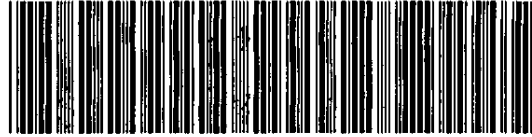
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05/10/16--01010--013 **160.00

FILED
16 JUN 16 PM 3:44
FBI - NEW YORK

F 6/17/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: La Cicatriz de un Milagro 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:

Monica Gonzalez

Name of Person

La Cicatriz de un Milagro LLC.

Firm/Company

6797 Willow Wood Drive #6043

Address

Boca Raton, FL 33434

City/State and Zip Code

elemiah4@yahoo.com

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

For further information concerning this matter, please call:

Monica Gonzalez

561

843-3957

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

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16 JUN 16 PM 3:44



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16 JUN 16 PM 3:44

To:

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

May 18, 2016

From:

MONICA GONZALEZ
6797 WILLOW WOOD DRIVE #6043
BOCA RATON, FL 33434

SUBJECT: LA CICATRIZ DE UN MILAGRO
Ref. Number: W16000036010

~~We have received your document for LA CICATRIZ DE UN MILAGRO and your~~
~~check(s) totaling \$160.00.~~ However, the enclosed document has not been filed
and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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: 616A00010531

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

16 JUN 16 AM 10:56

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

La Cicatriz de un Milagro LLC.

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

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16 JUN 16 PM 3:44

ARTICLE II - Address:

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

Principal Office Address:

Monica Gonzalez

6797 Willow Wood Drive #6043

Boca Raton, FL 33434

Mailing Address:

Monica Gonzalez

6797 Willow Wood Drive #6043

Boca Raton, FL 33434

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:

Monica Gonzalez

Name

6797 Willow Wood Drive #6043

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

Boca Raton,

FL

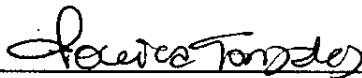
33434

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:

Monica Gonzalez

6797 Willow Wood Drive #6043

Boca Raton, FL 33434

(Use attachment if necessary)

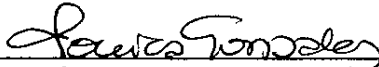
ARTICLE V: Effective date, if other than the date of filing: May 1, 2016. (OPTIONAL)

(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:



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.

Monica Gonzalez

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)

FILED
16 JUN 16 PM 3:46
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
PALM BEACH COUNTY, FLORIDA