

LI6000117696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

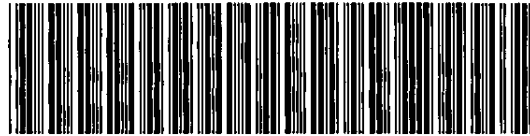
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN 21 PM 4:51  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

6/22/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Jali Creatives, 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:

Juana J. Bethel

Name of Person

Jali Creatives, LLC

Firm/Company

16410 SW 101st Ave

Address

Miami, FL 33157

City/State and Zip Code

j.bethel12@gmail.com

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

For further information concerning this matter, please call:

Juana J. Bethel

813

420-1450

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 21 PM 4:51



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 JUN 21 PM 4:51

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

February 23, 2016

JUANA J. BETHEL  
16410 SW 101ST AVENUE  
MIAMI, FL 33157

SUBJECT: JALI CREATIVES, LLC  
Ref. Number: W16000013342

We have received your document for JALI CREATIVES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 416A00003717

RECEIVED

16 JUN 21 AM 9:05

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jali Creatives, LLC

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

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16 JUN 21 PM 4:51

ARTICLE II - Address:

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

Principal Office Address:

16410 SW 101<sup>st</sup> Ave.  
Miami, FL 33157

Mailing Address:

16410 SW 101st Ave Miami, FL 33157

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:

Joshua R. Jones

Name

9155 S. Dadeland Blvd., Ste. 1216

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

Miami

FL

33156

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:**

Juana J. Bethel

16410 SW 101st Ave.

Miami, FL 33157

(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.

Juana J. Bethel

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)

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16 JUN 21 PM 4:51  
CLERK OF THE COURT  
STATE OF FLORIDA