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Account Name : CORP USA

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Phone

: (305)634-3694

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*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. ROUND CORNER GROUP LLC

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T. SCOTT

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COVER LETTER

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	egistration Section ivision of Corporations				
	-				
SUBJECT	ROUND CORNER GROUP, LLC				•
gonden i	Name of I	imited List	ility Company		
					•
The enclos	ed Articles of Organization and fee(s)	are submitte	ed for filing,		
Please retu	rn all correspondence concerning this	metter to the	e following:		
			_		•
	Michael Sherman				
•		Name	of Person		
	Thomas G. Sherman, P.A.				•
·.		Fire.//	Company		
•	,	1 11111	ovinputly.	•	
	90 Almeria Avenue	•			
		Ad	dress		
	Coral Gables, Florida 33134				
	Corat Gaules, Florida 33134				
	Mike @ Union +: He	,	and Zip Code		
	E-mail address: (to be us	ed for future	annual report notif	ication)	
The Court of			The second of the second of		
For number of	nformation concerning this matter, plan	ase cam:			
	Mike Sherman	305	448-5898		
	Name of Person	Area Code	Daytime Telep	hone Number	
					· · ·
Enclosed is	a check for the following amount:				
1\$125.00 Fi	ling Fee \$\ \$130.00 Filing Fee &	\$155	.00 Filing Fee &	\$160.00 Filb	ng Fee,
	Certificate of Starus	L_ICerti	fied Copy	Certificate o	f Status &
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	<u>Mailing Address</u>	٠	Street Address		·
	New Filing Section		New Filing Section		• •
•	Division of Corporations	•	Division of Corpo	rations	. •
	P.O. Box 6327 Tallahassee, FL 32314	٠٠	Clifton Building	Austra Cinala	
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July 12, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: ROUND CORNER GROUP, LLC

REF: W16000048160

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring Regulatory Specialist II New Filing Section FAX Aud. #: H16000165180 Letter Number: 416A00014467

P.O BOX 6327 - Tallahussee, Florida 32314



COVER LETTER

	Registration Section Division of Corporations	•	
OX Pro Year	ROUND CORNER GROUP, LI	c	
SUBJEC		of Limited Liab	lity Company
The enclo	osed Articles of Organization and fou	(s) are submitte	d for filing.
Please re	turn all correspondence concerning th	is matter to the	following:
	Michael Sherman		
		Name o	fPerson
	Thomas G. Sherman, P.A.		
		Firm/C	ompany
	90 Almeria Avenue		
		Add	ress
	Coral Gables, Florida 33134		
	mike@uniontitleservices.com	City/State a	nd Zip Code
	B-mail address: (to be	used for future	annual report notification)
For further	information concerning this matter, p	lease call:	
	Mike Sherman	305 1 (448-5898
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$125.00 £	-	: L—Certifi	of Filing Fee & S160.00 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 Tallahassoe, PL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:		
ROUND CORNER (GROUP, LLC		
(Must end	with the words "Limited	d Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Limite	ed Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
6611 NE 21 Lane		P.C	D. Box 9144
Fort Lauderdale, Plot	rida 33308	Sai	Juan, Puerto Rico 00908
	Thomas G. Sherman 90 Almeria Avenue	Name	, ,
	Florida street addres	s (P.O. Box NOT	acceptable)
	Coral Gables	Florida	33134
	City	State	Zip
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes re ligations of my posttion	ointment as registed as registed as registed as registed as end end as end	he above stated limited liability company at the red agent and agree to act in this capacity. I ar und complete performance of my duties, and it as provided for in Chapter 605, F.S
		Page 1 of 2	

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Jose J. Rincon
•	P.O. Box 9144
	San Juan, Puerto Rico 00908
	<u> </u>
E V: Effective date, if other than the date ective date is listed, the date must be spof filing.)	e of filing: July 12, 2016 (OPTIONAL) secific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
ective date is listed, the date must be sp of filing.)	pacific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical transfer of the document is executed in a ware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical transfer of the document is executed in a ware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. The state of a member of a member and indicate with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State.

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