

L16000141555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

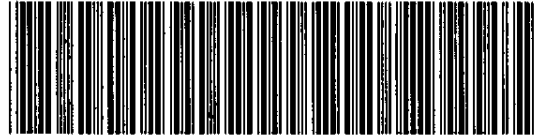
(Business Entity Name)

(Document Number)

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

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W16-37947

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 JUL 18 PM 4

TALLAHASSEE, FLORIDA

July 1, 2016

EDGAR VALLENILLA-MATTEY  
7350 NW 114 AVE., APT. 202  
PLAM GARDENS CONDOMINIUM  
DORAL, FL 33178

SUBJECT: MISSMISSIMA USA LLC  
Ref. Number: W16000037997

We have received your document for MISSMISSIMA USA 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):

It appears that the names of the authorized persons is not complete. Please correct the document accordingly.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00010984

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TALLAHASSEE, FLORIDA  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MISSMISSIMA USA 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:

EDGAR VALLENILLA-MATTEY

Name of Person

Firm/Company

7350 NW 114 Ave PALM GARDENS CONDOMINIUM

Address

DORAL, STATE OF FLORIDA 33178

City/State and Zip Code

edgmattei@gmail.com or maria\_salo\_45@hotmail.com

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

For further information concerning this matter, please call:

EDGAR VALLENILLA

786

308-9268

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MISSMISSIMA USA 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:

7350 NW 114 Ave Apt. 202  
DORAL, FLORIDA 33178

Mailing Address:

7350 NW 114 Ave Apt. 202  
DORAL, FLORIDA 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:

CARLOS OLARTE

Name

7100 SUNSHINE SKYWAY LN SOUTH UNIT 305

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

SAINT PETERSBURG FLORIDA 33711

City

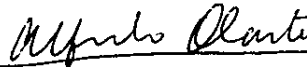
State

Zip

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*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:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR Edgar Vallenilla

Edgar Vallenilla-Marrey

7350 NW 114 Ave Apt. 202

Doral

Florida 33178

MGR Maria Vallenilla

Maria Vallenilla-Alfonzo

7350 NW 114 Ave Apt. 202

Doral

Florida 33178

AMBR Misde Alfonzo

Misde Alfonso-ALFONZO

7350 NW 114 Ave Apt. 202

Doral

Florida 33178

(Use attachment if necessary)

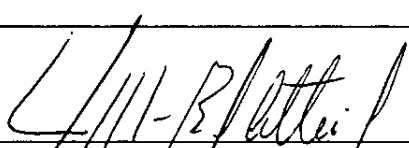
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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 of 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.

EDGAR VALLENILLA-MATTEY

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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