

L16000161792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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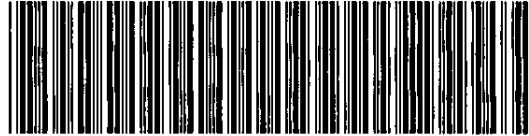
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

5/31/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

GABRIELA DEL CARMEN DIANA NIEVES
479 NE 30TH STREET
MIAMI, FL 33137

SUBJECT: 360 RESTORATION LLC
Ref. Number: W16000057052

We have received your document for 360 RESTORATION LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 316A00017388

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 360 RESTORATIONS 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:

GABRIELA DEL CARMEN DIANA NIEVES
Name of Person
360 RESTORATIONS LLC
Firm/Company
479 NE 30TH ST
Address
MIAMI, FL. 33137
City/State and Zip Code
gabrieladiana@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIELA DEL CARME at (786) 856-3456
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

360 RESTORATION 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:

360 RESTORATIONS

479 NE 30TH ST

MIAMI, FL. 33137

Mailing Address:

360 RESTORATIONS

479 NE 30TH ST

MIAMI, FL. 33137

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:

GABRIELA DEL CARMEN DIANA NIEVES

Name

479 NE 30TH ST.

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

MIAMI, FL 33137

City

State

Zip

16 AUG 31 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

GABRIELA DEL CARMEN DIANA NIEVES

479 NE 30TH ST

MIAMI, FL. 33137

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: JULY 25, 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.

GABRIELA DEL CARMEN DIANA NIEVES

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)