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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

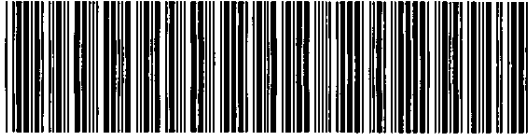
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 OCT - 5 AM 9:06
SEAL OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT - 6 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DENISE FERREIRA 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:

DENISE FERREIRA
Name of Person
DENISE FERREIRA LLC
Firm/Company
P.O. BOX 691703
Address
ORLANDO, FL 32869
City/State and Zip Code
DFERREIRA8803@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENISE FERREIRA 407 230-4735
Name of Person at () 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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2016 OCT -5 AM 9: 06

DENISE FERREIRA LLC

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10806 William and Mary Ct.
Orlando, FL 32821

P.O. Box 691703
Orlando, FL 32869

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:

Denise Ferreira
Name

10806 William and Mary Ct.
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32821
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.

Denise Ferreira
Registered Agent's Signature (REQUIRED)

(CONTINUED)

