

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations

Fax Number : (850) 617-6381

## From:

Account Name : KIJJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305) 644-3055

Fax Number : (305) 644-3052

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

**Email Address:** \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO.

## ECHARREN LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

16 NOV 10 PM 2:07

DIVISION OF CORPORATIONS  
ELECTRONIC FILING

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DIVISION OF CORPORATIONS

*[Signature]* 11/14/16

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ECHARREN 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:

ENNA DIEPPA

\_\_\_\_\_  
Name of Person

KJOENNA SERVICES INC

\_\_\_\_\_  
Firm/Company

2141 1ST SUITE 110

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33135

\_\_\_\_\_  
City/State and Zip Code

KJESERVICES

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

For further information concerning this matter, please call:

ENNA DIEPPA

786

4997132

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

05/10/2011 04:36 3056443052

KIJOENNA

PAGE 05/05

850-617-6381

RECEIVED 05/10/2011 04:21 3056443052  
11/10/2016 1:28:46 PM PAGE

KIJOENNA  
1/001 Fax Server



November 10, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

KIJOENNA SERVICES INC

SUBJECT: ECHARREN LLC  
REF: W16000076475

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DIVISION OF CORPORATIONS  
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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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. <http://www.sunbiz.org/titledef.html>.

Member must sign and registered agent signature must be a person.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H16000277307  
Letter Number: 116A00024239

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ECHARREN 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:1200 NE MIAMI GARDENS DR  
MIAMI FL 33179Mailing Address:936 NE 191 ST  
MIAMI FL 33179

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Jose Saucó

Name

1200 NE MIAMI GARDENS DRFlorida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33179</u>
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..

Jose Saucó

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

PEDERNEA LLC  
1200 NE MIAMI GARDENS DR  
MIAMI FLORIDA 33179

REGISTERED AGENT \_\_\_\_\_

JOSE SAUCO P.A.  
936 NE 191ST  
MIAMI FLORIDA 33179

(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:**

Jose Saucó

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.

Jose Saucó

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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