

21600208506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

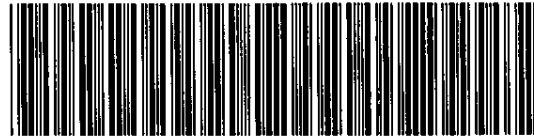
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
11/8/16

Office Use Only



200291543152

10/26/16--01004--013 **125.00

16 NOV -8 PM 5:55

RECEIVED
11/8/16

M. MOON ,
NOV 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2016

CATHERINE LAURENZI
401 HIGHWAY A1A UNIT 112
SATELLITE BEACH, FL 32937

SUBJECT: FLORIDA COAST REALTY, LLC
Ref. Number: W16000073667

We have received your document for FLORIDA COAST REALTY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P96000003923.

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: 216A00023324

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV -8 PM 5:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Coast Realty Partners, LLC
Name of Limited Liability Company

DOCUMENT # W16000073667
ORIGINAL NAME REQUEST WAS REJECTED

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine Laurenzi

Name of Person

Firm/Company

401 Hwy A1A Unit 112

Address

Satellite Beach, FL 32937

City/State and Zip Code

clheretohelp@gmail.com

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

For further information concerning this matter, please call:

Catherine Laurenzi

321

426-0231

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)

ALREADY
PAID

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

16 NOV - 8 PM 5:55

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Coast Realty Partners, 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:

Mailing Address:

1127 South Patrick Drive Unit #9

Satellite Beach, FL 32937

1127 South Patrick Drive Unit #9

Satellite Beach, FL 32937

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:

Catherine Laurenzi

Name

401 Hwy A1A Unit 112

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

Satellite Beach

FL

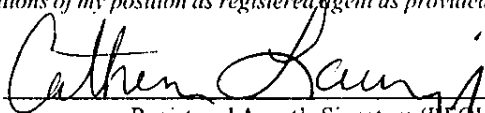
32937

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 NOV -8 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Catherine Laurenzi

401 Hwy A1A Unit 112

Satellite Beach, FL 32937

MBR - Member

Kyle McCuller

401 Hwy A1A Unit 112

Satellite Beach, FL 32937

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: October 24, 2016

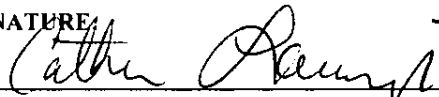
(OPTIONAL)

(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.

Catherine Laurenzi

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)

W16000073667
← ORIGINAL REQUEST
WAS MAILED ON 10/24/16

FILED
STATE
16 NOV -9 PM 5:55

216000208499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

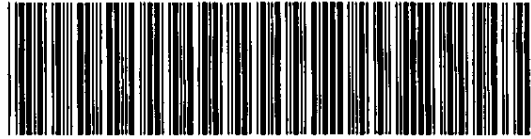
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/22/16--01042--019 **125.00

16 NOV - 7 15:43
STATE
FLORIDA

M. MOON
NOV 07 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2016

ATINUKE MUTIAT AMUSA

9952 NW 18TH ST
PEMBROKE PINES, FL 33025

SUBJECT: AMA INC. LLC.
Ref. Number: W16000059801

We have received your document for AMA INC. LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is

L05000

YOU HAVE FILED FOR AN LLC. IF YOU MEANT TO FILE A CORP., REQUEST A REFUND FOR THIS FILING & FILE SEPARATELY FOR A CORP. AS WELL THE NAME YOU'VE CHOSEN IS NOT AVAILABLE. SEE FREQUENTLY QUESTIONS FOR NAME AVAILABILITY QUESTIONS OR CALL.

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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 316A00018378

REC-1
16 OCT 11 10:10 AM
DUREZ
INFOR

16 NOV -7 PM 5:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 NOV -7 PM 12:55

October 18, 2016

ATINUKE MUTIAT AMUSA
9952 NW 18TH ST
PEMBROKE PINES, FL 33025

SUBJECT: NUTIAM INCORPORATED LLC
Ref. Number: W16000071071

We have received your document for NUTIAM INCORPORATED LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INCORPORATED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout 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: 116A00022440

16 NOV -7 PM 5:43
SECT. 116A00022440
FILED
FLORIDA DEPARTMENT OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Nutiam 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:

Atinuke Mutiat Amusa

Name of Person

Firm/Company

9952 NW 18th St

Address

Pembroke Pines, Florida, 33025

City/State and Zip Code

amusa19@msn.com

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

For further information concerning this matter, please call:

Atinuke Amusa

516

983-3778

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

16 NOV - 7 PM 5:43

FILED
SECTION
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nutiam 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:

9952 NW 18th St
Pembroke, Florida
33025

Mailing Address:

9952 NW 18th St
Pembroke, Florida
33025

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:

Atinuke Mutiat Amusa

Name

9952 NW 18th St

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

Pembroke

Florida

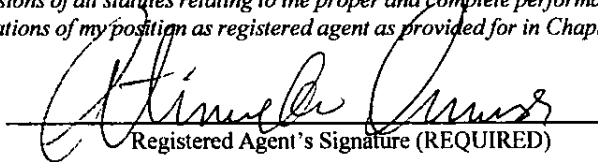
33025

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..


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:

Atinuke Mutiat Amusa

9952 NW 18th St

Pembroke Pines FL 33025

(Use attachment if necessary)

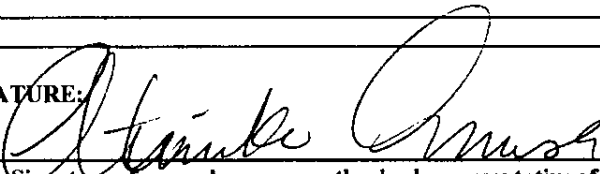
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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.

ATINUKE M. AMUSA

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)

16 NOV - 7 PM 5:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA