

L16000219425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

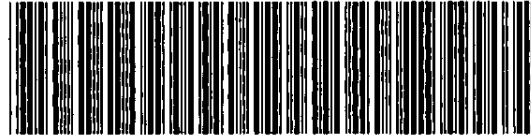
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500289541425

09/26/16--01026--019 **130.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 28 PM 6:13

M. MOON
NOV 28 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2016

LUIS E. FERNANDEZ DE LA VARA
P.O. BOX 331307
MIAMI, FL 33233

SUBJECT: CCL CONSULTING LLC
Ref. Number: W16000066641

We have received your document for CCL CONSULTING 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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: 416A00020787

RECEIVED

16 NOV 28 PM 3: 51

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 28 PM 6: 13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CCL Consulting 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:

Luis E. Fernandez de la Vara

Name of Person

Firm/Company

PO Box 331307

Address

Miami, FL 33233

City/State and Zip Code

cclconsultingmiami@gmail.com

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

For further information concerning this matter, please call:

Luis E. Fernandez de la Vara

at (

305

) 998 - 0151

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-28 PM 6:13

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:

CCL Consulting 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:

3030 N. Rock Point Dr.
STE 150A
Tampa, FL 33607

Mailing Address:

3030 N. Rock Point Dr. STE
150A
Tampa, FL 33607

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:

REGISTERED AGENTS INC.

Name

3030 N. Rocky Point Dr., STE 150A

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

Tampa, FL 33607

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.

 Bill Havre/Secretary/Registered Agents Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV 28 PM 6:13

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Luis E. Fernandez de la Vara

PO Box 331307

Miami, FL 33233

AMBR

Christine C. La Rochelle

PO Box 331307

Miami, FL 33233

(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.

Luis E. Fernandez de la Vara

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 28 PM 6:13

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA