

L17000073635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

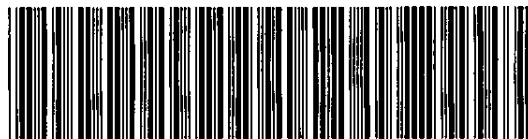
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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03/31/17-01017-010 **125.00

RECEIVED
DEPARTMENT OF STATE
17 MAR 31 PM 12:08

FILED
2017 MAR 31 AM 9:00
FBI - NEW YORK

C. GOLDEN
APR - 5 2017

125

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/30 GLINDA

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. **PINEDA INVESTMENTS, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

FILED
2017 APR -4 AM 9:00
TALLAHASSEE, FL 32303

SPECIAL INSTRUCTIONS:



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2017

CORPORATE ACCESS, INC.

SUBJECT: PINEDA INVESTMENTS, LLC
Ref. Number: W17000027816

RECEIVED
2017 APR -4 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PINEDA INVESTMENTS, 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 717A00006270

Corrected

2017 APR -4 AM 9:00
FILED

FILED

M.PINEDA INVESTMENTS, LLC

2017 APR -4 AM 9:00

NOTARIAL PUBLIC
TALLAHASSEE, FL

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF ORGANIZATION, A
NATURAL PERSON COMPETENT, HEREBY FORMS A LIMITED LIABILITY
COMPANY UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I

THE NAME OF THE ORGANIZATION IS:

M.PINEDA INVESTMENTS, LLC

ARTICLE II

THE GENERAL NATURE OF THE BUSINESS TO BE TRANSACTED BY THIS
ORGANIZATION IS AS FOLLOWS: TO CONDUCT BUSINESS IN THE INDUSTRY OF
REAL ESTATE AND ANY OTHER OF THE OTHER SIDE LINES THERETO; AND ANY
OTHER BUSINESS THAT THE BOARD MAY APPROVE FROM TIME TO TIME.

PREPARED BY: TURNER & MELENDEZ ACCOUNTANTS, INC.
7540 US HIGHWAY ONE, STE 103
LANTANA, FL 33462
(561)582-3046

ARTICLE III

THE INITIAL POST OFFICE ADDRESS OF THIS ORGANIZATION IS

**8763 PALOMINO DR.
LAKE WORTH, FL 33467**

PALM BEACH COUNTY OF FLORIDA. THE MEMBERS, FROM TIME TO TIME, MAY MOVE THE PRINCIPLE OFFICE TO ANY OTHER ADDRESS IN FLORIDA.

ARTICLE IV

CERTIFICATE DESIGNATING PLACE OF DOMICILE OR BUSINESS OF SERVICE OF PROCESS IN THE STATE OF FLORIDA AND DESIGNATION OF RESIDENT AGENT FOR SERVICE OF PROCESS.

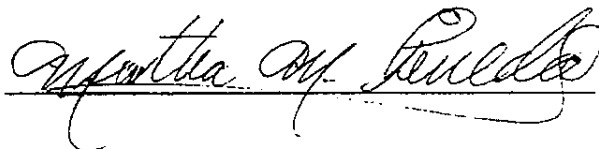
IN PURSUANCE OF F.S. 48.091, THE FOLLOWING IS SUBMITTED IN COMPLIANCE WITH SAID ACT:

THAT DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH THE FOLLOWING PERSON DESIGNATED AS AGENT TO ACCEPT SERVICE OF PROCESS. MARTHA M PINEDA: 8763 PALOMINO DR., LAKE WORTH, FL 33467.

ACKNOWLEDGMENT

HAVING BEEN NAMED BY THE ABOVE CORPORATION TO ACCEPT SERVICE OF PROCESS DESIGNATED IN THE ABOVE CERTIFICATE, I HEREBY AGREE TO ACT IN SAID CAPACITY AND TO COMPLY WITH THE PROVISIONS OF KEEPING SAID OFFICE OPEN.

BY:



FILED
TALLAHASSEE, FLORIDA

2017 APR -4 AM 9:00

FILED

ARTICLE V

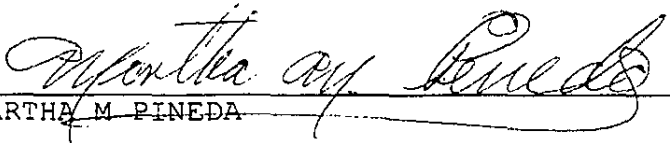
THE NAME AND POST OFFICE ADDRESS OF THE MANAGER OF THE ORGANIATION:

MARTHA M PINEDA

8763 PALOMINO DR.

LAKE WORTH, FL 33467

MANAGER'S SIGNATURE



MARTHA M PINEDA