

L170000076606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2017 APR -3 AM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 7 2017
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2017

MARI SOTO
7501 SW 117 AVE, 832881
MIAMI, FL 33283

SUBJECT: TIGRESS LLC
Ref. Number: W17000029397

We have received your document for TIGRESS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 817A00006624

Mari Soto
7501 SW 117 Ave, 832881
Miami, FL 33283

March 29, 2017

New Filing Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern;

Let it be known, I am the owner of Tigress, Inc., document number P1000021020. Attached please find Articles of Organization for Florida Limited Liability Company, a check for \$125, a cover letter, as well as the dissolution online filing for Tigress, Inc. I am requesting the name be released to be used as a Florida Liability Company. Thank you for assistance in this matter.

Truly and Sincerely,

A handwritten signature in black ink, appearing to read 'Mari Soto', with a stylized flourish at the end.

Mari Soto

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TIGRESS 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:

MARI SOTO
Name of Person

Firm/Company

7501 SW 117 AVE, 832881
Address

MIAMI, FL 33283
City/State and Zip Code

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

For further information concerning this matter, please call:

MARI SOTO at (954) 809-8800
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TIGRESS LLC
(Must contain 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:

7501 SW 117 AVE
832881
MIAMI, FL 33283

Mailing Address:

7501 SW 117 AVE
832881
MIAMI, FL 33283

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:

MARI SOTO
Name

7501 SW 117 AVE 832881
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33283
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MANAGER

Name and Address:

MARI SOTO
7501 SW 117 AVE #832881
MIAMI, FL 33283

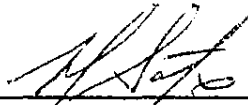
(Use attachment if necessary)

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.

MARI SOTO

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)