

L17000096030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

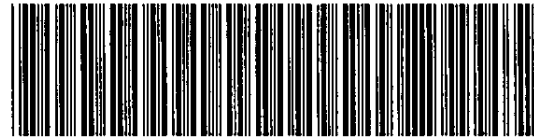
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900296402909

03/14/17--01005--009 **130.00

FILED

17 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W17-022195

05/02/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2017

RICHARD KRINZMAN
800 BRICKELL AVE., STE. 1501
MIAMI, FL 33131

SUBJECT: CLIPPER 6Q LLC
Ref. Number: W17000022195

We have received your document for CLIPPER 6Q 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):

We are enclosing the proper form(s) with instructions for your convenience.

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00004973

17 MAR -1 PM 1:59

CLIPPER 6Q LLC
CLIPPER 6Q LLC
CLIPPER 6Q LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Clipper 6Q 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:

Richard N. Krinzman, Esq.

Name of Person

Krinzman Huss & Lubetsky

Firm/Company

800 Brickell Avenue, Suite 1501

Address

Miami, Florida 33131

City/State and Zip Code

mnk@khllaw.com

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

For further information concerning this matter, please call:

Richard N. Krinzman, Esq. 305 854-9700
Name of Person at (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:

Clipper 6Q 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:

780-69th Street, #1510

Miami, Florida 33138

Mailing Address:

780-69th Street, #1510

Miami, Florida 33138

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:

Richard N. Krinzman, Esq.

Name

800 Brickell Avenue, Suite 1501

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

Miami

Florida

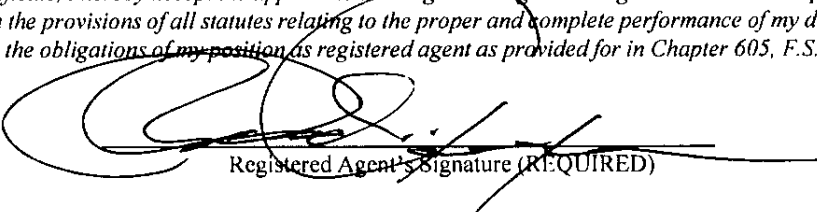
33131

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)

FILED
17 MAY -1 AM 9:21
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

AMBR

Name and Address:

SERGIO TERZANI

780-69th Street, #1510

Miami, Florida 33138

AMBR

MICHELE TERZANI

780-69th Street, #1510

Miami, Florida 33138

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 15, 2017. (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.

Richard A. Krizan Esq.

Typed or printed name of signee

Authorized Representative

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)

FILED
17 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA