

L17000106550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

W17-33756

Office Use Only



400297126564

04/18/17--01013--023 \*\*155.00

FILED  
17 MAY 16 AM 9:14  
SECRETARY OF STATE  
ALABAMA, FLORIDA

MAY 16 2017

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2017

JULIA GREENBERG-AGUILAR  
1 RADISSON PLAZA, STE. 800  
NEW ROCHELLE, NY 10801

SUBJECT: THE OFFERS LOUNGE LLC  
Ref. Number: W17000033756

We have received your document for THE OFFERS LOUNGE LLC and your check(s) totaling \$155.00. 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.

KYLE D BRUMBLEY  
Regulatory Specialist II

Letter Number: 017A00007643

**COVER LETTER**

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

**SUBJECT: THE OFFERS LOUNGE 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:

Julia Greenberg-Aguilar

\_\_\_\_\_  
Name of Person

MyUSAcorporation.com

\_\_\_\_\_  
Firm/Company

1 Radisson Plaza, Ste.800

\_\_\_\_\_  
Address

New Rochelle, NY 10801

\_\_\_\_\_  
City/State and Zip Code

contact@theofferslounge.com

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

For further information concerning this matter, please call:

Julia Greenberg-Aguilar

877

330-2677

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE OFFERS LOUNGE 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:

DEAN FUNES 462 #17

SALTA, ARGENTINA 4400

Mailing Address:

DEAN FUNES 462 #17

SALTA, ARGENTINA 4400

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:

Incorp Services, Inc

Name

17888 67th Court North

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

Loxahatchee

FL

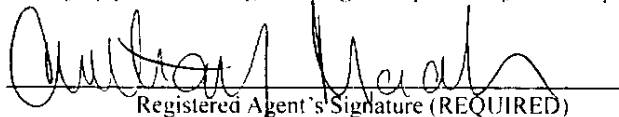
33470

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)

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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:**

FRANCISCO VALDEZ

LAS GRULLAS 237 EL TIPAL

SALTA, ARGENTINA 4400

(Use attachment if necessary)

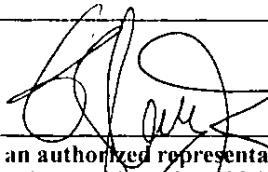
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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. 17.155, F.S.

Elena Malevska (Authorized Representative)

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)**