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**TALLAHASSEE, FLORIDA**

# JOSEPH W. GIBSON, P.A.

ATTORNEYS-AT-LAW

Joseph W. Gibson, Esq.

Of Counsel:  
Franz C. Jobson, Esq.

19 WEST FLAGLER STREET  
SUITE 417  
MIAMI, FL 33130  
TEL: (305) 377-2525  
FAX: (305) 377-2528  
Joseph\_Gibson@bellsouth.net

500 SOUTHWEST THIRD AVENUE  
FORT LAUDERDALE, FL 33315  
TEL: (954) 356-1425  
E-FAX: (305) 675-2446  
Joseph-Gibson@bellsouth.net  
www.miamicriminalattorney.com

8<sup>th</sup> June, 2017

**VIA US MAIL**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Attn: New Filing Section**

Dear Sirs:

**Re: SHRINKING MIAMI, LLC**

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Enclosed herewith, please find the following:

- i. Cover Letter for Shrinking Miami, LLC
- ii. Articles of Organization
- iii. Wells Fargo Check Number 1264 in the sum of \$125.00

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Very truly yours,

By: 

Franz C. Jobson, Esquire

**COVER LETTER**

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

Shrinking Miami, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Joseph W. Gibson, Esquire

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

Joseph W. Gibson, P.A.

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

500 SW Third Avenue

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33315

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


joseph\_gibson@bellsouth.net

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

For further information concerning this matter, please call:

|                    |              |                          |
|--------------------|--------------|--------------------------|
| Franz Jobson, Esq. | 954          | 594.6008                 |
| _____              | 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:

Shrinking Miami, 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:**

**Mailing Address:**

2699 Sterling Road

2699 Sterling Road

Ste. C-407

Ste. C-407

Fort Lauderdale, Florida 33312

Fort Lauderdale, Florida 33312

**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:

Joseph W. Gibson, Esquire

Name

500 SW Third Avenue

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

Fort Lauderdale

Florida

33315

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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**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  
MGR

**Name and Address:**

Delvena R. Thomas  
2699 Sterling Road, Ste. C-407  
Fort Lauderdale, Florida 33312

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8th June, 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.)

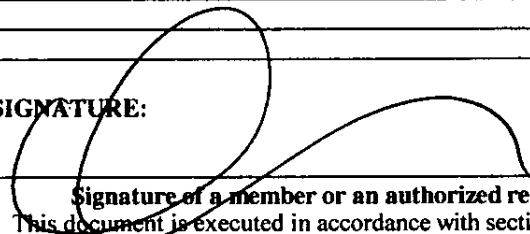
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

N/a

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Delvena R. Thomas

\_\_\_\_\_  
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)

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TALLAHASSEE, FLORIDA