

Division of Corporations

L170000202320

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
GARCIA & KELLERMAN LLC**

Certificate of Status		0
Certified Copy		1
Page Count		03
Estimated Charge		\$155.00

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17 SEP 29 PM 12:07
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2017 SEP 29 AM 11:31

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARCIA & KELLERMAN 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:

1809 BELMONT PLACE
BOYNTON BEACH FLORIDA 33436

Mailing Address:

1809 BELMONT PLACE
BOYNTON BEACH FLORIDA 33436

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:

BARBARA KELLERMAN

Name

861 NW 85TH TERRACE #41812

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

FORT LAUDERDALE FL 33324

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.

* Barbara Kellerman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

MGR

AMBR

Name and Address:

BARBARA KELLERMAN

1861 NW 85TH TERRACE #1812

FORT LAUDERDALE FL 33324

MANUEL GARCIA

11809 Belmont Place

Boynton Beach, Florida, 33436

VICTORIA KAFRAS

1809 Belmont Place

Boynton Beach, Florida, 33436

BARBARA VALDIVIA

1809 Belmont Place

Boynton Beach, Florida, 33436

(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.

THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO OPEN A RETAIL STORE OR
ANY OTHER BUSINESS LEGAL IN FLORIDA AND THE UNITED STATES

REQUIRED SIGNATURE:

x Barbara Kellerman

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.

BARBARA KELLERMAN

Typed or printed name of signer

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)