

L17000210341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

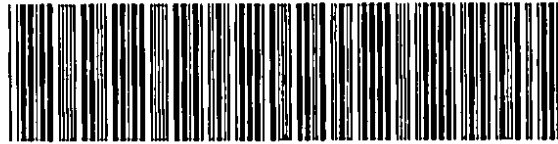
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W17-62092

Office Use Only



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07/27/17--01018--009 \*\*125.00

OCT 12 2017

K. Brumbley

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ASPIRE CONSULTANTS 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:

~~XXXXXXXX~~ SEAN MURRAY

Name of Person

ASPIRE CONSULTANTS LLC

Firm/Company

701 NE 73RD ST

Address

MIAMI FL 33138

City/State and Zip Code

SEAN@SEANMURRAYPA.COM

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

For further information concerning this matter, please call:

SEAN MURRAY at (305) 546 7075

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:

ASPIRE CONSULTANTS 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:

701 NE 73RD ST  
MIAMI FL 33138

Mailing Address:

701 NE 73RD ST  
MIAMI FL 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:

DAVID J COHEN

Name

4171 W HILLSBORO BLVD, STE 8

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

COCONUT CREEK

FL

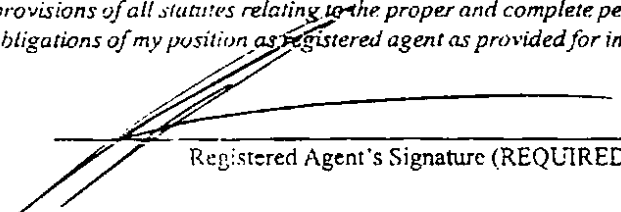
33073

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)

**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:**

SEAN MURRAY

701 NE 73RD STREET

MIAMI FL 33138

(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:**

SEAN MURRAY

☒ 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.

SEAN MURRAY

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)

Brumbley, Kyle D.

L17000210341

**From:** Sean Murray <sean@seanmurraypa.com>  
**Sent:** Tuesday, October 10, 2017 6:19 PM  
**To:** Brumbley, Kyle D.  
**Cc:** David Cohen; Michelle Owens; Viana Fleurina  
**Subject:** Re: NAME RELEASE LETTER

Hi Kyle,

I have no intention of reinstating ASPIRE CONSULTANTS LLC DOC# L12000067342. I release the name.

Many thanks for your help.

Seán

Seán Murray | Luxury Real Estate Expert | Douglas Elliman | 1111 Lincoln Road, Suite 805 | Miami Beach FL, 33139 |  
Cell: (305) 546 7075 | [www.elliman.com](http://www.elliman.com)

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**From:** "Brumbley, Kyle D." <Kyle.Brumbley@DOS.MyFlorida.com>  
**Date:** Tuesday, October 10, 2017 at 1:52 PM  
**To:** Sean Murray <SEAN@SEANMURRAYPA.COM>  
**Subject:** NAME RELEASE LETTER

Hi Sean, We will need either a letter or you can reply with an email just stating that you have no intentions of reinstating ASPIRE CONSULTANTS LLC DOC# L12000067342. And you release the name to use on your new. Once I get this letter I can process your request and get the new one filed. Thanks,  
Kyle Brumbley

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| The Department of State is committed to excellence.<br>Please take our <a href="#">Customer Satisfaction Survey</a> . |
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