

L11000219419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

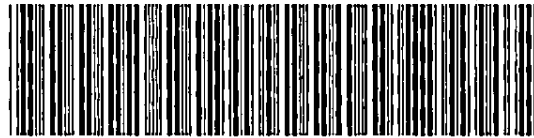
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000304810060

10/23/17--01018--022 **160.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 OCT 23 AM 10:50

COVER LETTER

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

SUBJECT: KARABELA 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:

Victoria Leveque

Name of Person

Firm/Company

1101 Stanford Drive, Room 520

Address

Coral Gables FL 33146

City/State and Zip Code

karabelavibes@gmail.com

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

For further information concerning this matter, please call:

Victoria Leveque

617

749-7315

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:

KARABELA 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:

1101 Stanford Drive, Room 520
Coral Gables FL 33146

Mailing Address:

1101 Stanford Drive, Room 520
Coral Gables FL 33146

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:

Victoria Leveque

Name

1101 Stanford Drive

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

Coral Gables

FL

33146

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..

Victoria Leveque

Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT 23 AM 10:50
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:

Victoria Leveque
1101StanfrodDrive
CoralGablesFL 33146

AMBR

Samandalean
79 W Milton Street
HydePark,MA 02136

AMBR

JemimaRateau
79 W Milton Street
HydePark,MA 02136

AMBR

JamieLeveque
79 W Milton Street
HydePark,MA 02136

(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.817.155, F.S.

Victoria Leveque

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)

17 OCT 28 AM 10:50
STATE
ALL AMBROSIE 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:

Victoria Leveque
1101 Stanford Drive
Coral Gables, FL 33146

AMBR

Samanda Jean
79 W Milton Street
Hyde Park, MA 02136

AMBR

Jemirma Rateau
79 W Milton Street
Hyde Park, MA 02136

AMBR

Jamie Leveque
79 W Milton Street
Hyde Park, MA 02136

AMBR

Brianna Leveque
266 Georgetowne Drive
Hyde Park, MA 02136

17 OCT 23 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA