

L18 000 027 291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

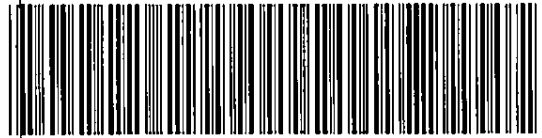
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308129094

01/26/18--01017--015 **130.00

D O'KEEFE
JAN 31 2018

COVER LETTER

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

SUBJECT: Bioneuroemocional, L.L.C.

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:

Claudia K. Venegas

Name of Person

Bioneuroemocional, L.L.C.

Firm/Company

20335 W. Country Club Drive, Unit # 402

Address

Aventura, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

Claudia K. Venegas

305

305-7500

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:

Bioneuroemocional, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "L.J.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

20335 W. Country Club Drive

Unit # 402

Aventura, FL 33180

Mailing Address:

20335 W. Country Club Drive

Unit # 420

Aventura, FL 33180

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:

Claudia K. Venegas

Name

20335 W. Country Club Drive, Unit # 402

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

Aventura

Florida

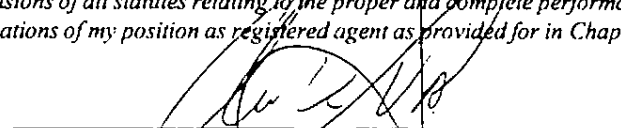
33180

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:

Claudia K. Venogas

20335 W. Country Club Drive, Unit # 402

Aventura, FL 33180

(Use attachment if necessary)

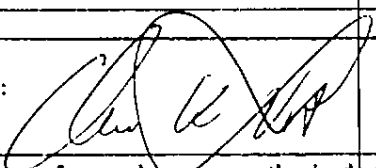
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Claudia K. Venogas

Typed or printed name of signee

Affidavit

January 18, 2018

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

To Whom It May Concern:

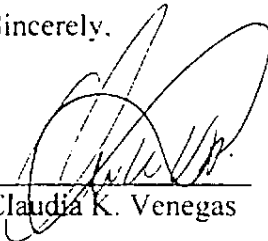
Hereby we would like to inform you that we will not reinstate the following Corporation:

Bioneuroemocional, Inc.

Document Number: P16000033437

If you have any questions or need additional information, do not hesitate to contact me at (305) 305-7500.

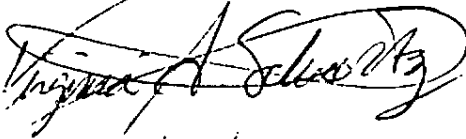
Sincerely,



Claudia K. Venegas



VIRGINIA A. SCHWARTZ
MY COMMISSION # FF 247311
EXPIRES: June 24, 2018
Bonded Thru Budget Notary Services


01/18/2018