

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
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2018 APR 12 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA LIMITED LIABILITY CO.

5150 Village Holdings, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

134793

Electronic Filing Menu

Corporate Filing Menu

Help

APR 16 2018

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2018 APR 12 PM 2:39
THAT WAS
4/12/18
DIVISION OF CORPORATIONS
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April 13, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 5150 HOLDINGS, LLC.
REF: W18000034799

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H18000116745
Letter Number: 618A00007484

P.O BOX 6327 - Tallahassee, Florida 32314

2

H18000116745

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 5150 Village Holdings, 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:

PETER R. ABESADA, ESQ.

Name of Person

PETER R. ABESADA & ASSOCIATES, PA

Firm/Company

3676 SW 2nd Street

Address

Miami, Florida 33135

City/State and Zip Code

peter@abesadalaw.com

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

For further information concerning this matter, please call:

Peter R. Abesada

305

446-6691

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:

5150 Village Holdings, 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:

6311 NW 201 Street
Hialeah, Florida 33015

Mailing Address:

6311 NW 201 Street
Hialeah, Florida 33015

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:

PETER R. ABESADA, ESQ.

Name

3676 SW 2nd Street

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

<u>Miami</u>	<u>Florida</u>	<u>33135</u>
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.

Peter R. Abesada

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

Name and Address:

MONICA NUÑEZ
6311 NW 201 Street
Hialeah, Florida 33015

MGR

BARBARO NUÑEZ
6311 NW 201 Street
Hialeah, Florida 33015

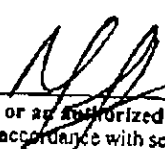
(Use attachment if necessary)

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.

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)