Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000116749 3)))



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Division of Corporations

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: (850)617-6381

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Account Number : 072450003255

: (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. 6990 HOLDINGS, LLC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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April 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 6990 HOLDINGS, LLC

REF: W18000037329

We have received your document for 6990 HOLDINGS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LLC, FLORIDA LIMITED LIABILITY COMPANY." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

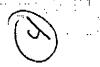
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II Amount charged: 155.00

FAX Aud. #: H18000116749 Letter Number: 518A00007986

P.O BOX 6327 - Tallahassee, Florida 32314



## H18000116749

## COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT:		
Name	e of Limited Liability Company	
The enclosed Articles of Organization and fe	CC(S) are submitted for Gira.	
Please return all correspondence concerning		
PETER R. ABESADA, ESQ.	and the long wing:	
	Name of Person	
PETER R. ABESADA & ASSOC	CIATES, PA	
	Firm/Company	
3676 SW 2nd Street		
	Address	
Minmi, Florida 33135		
peter@ubesadalaw.com	City/State and Zip Code	
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, p	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 & Certificate of Status	\$ 155.00 Filing Fee & \$160.00 Filing Fee, 150.00 Fi	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Now Filing Section  Division of Corporations  Cliflon Building  2661 Executive Center Circle  Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liebility Company is:	
6990 HOLDINGS, LLC.	
(Must contain the words "Limited Liability	V Company M. C. C. n
4.13014 Cit. D 44	a company, L.L.C., of "LI.C."
ARTICLE II - Address:	
The mailing address and street address of the principal office of	the Limited Liability Commission
	and Daniel Calonity Company is:
Principal Office Address:	3.4
6311 NW 201 Street	Mailing Address:
Highest Florid Tools	6311 NW 201 Street
Hisleali, Florida 33015	THE PART OF SECTION

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. ABESA	DA, ESQ.	
	Name	
3676 SW 2nd Stree	t	
Florida street addre	ss (P.O. Box NOT acc	eptáble)
Miami	Florida	33135
City	State	Zip

Hiulcalı, Florida 33015

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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Authorized Member	thorized to manage and control the Limited Linbility  Name and Address:	
_"MGR" M	lanager		
MGR_	<del></del>	MONICA NUNEZ	
		6311 NW 201 Street	
1400		Hinleuh, Florida 33015	
MGR	<del></del>	BARBARO NUNEZ	
		6311 NW 201 Street	
		Hinlesh, Florida 33015	
	<del></del>		
/ lee nttachus	ent if necessary)		
the date insert ment's effectiv		of filing:  OPTIO  Office and exampt be more than five business days prior  of the applicable statutory filing requirements, this describes records.	or to or 90 da
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