

L18000267196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

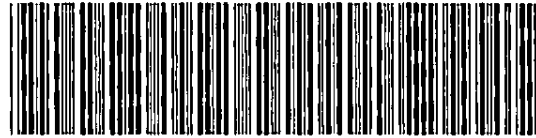
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 24 2018

**COVER LETTER**

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

**SUBJECT:** New York Faces Magazine 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:

Sammy Rolbes

Name of Person

New York Magazine Face LLC

Firm/Company

3313 NW 101 Ave.

Address

Sunrise, Florida 33351

City/State and Zip Code

Samrolbes@newyorkfacesmagazine.com

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

For further information concerning this matter, please call:

Sammy Robles 347 210-9494  
Name of Person at (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

**New York Faces Magazine LLC  
3313 NW 101 Ave  
Sunrise, Florida 33351**

November 15, 2018

Subject : New York Faces Magazine LLC  
Ref: W18000097006

*We have corrected the document address. That is 3313 NW 101 Ave. Sunrise Florida 33351.*

*Also Ruth Betancourt was add on as MGR.*

*Will you please mail me back Certified Copy and Certificate of Status. Also any other papers you are going to send back.*

*Sammy Robles is out of town and he will not be back until next month.*

*My Address is 8206 Nightingale Road, Weeki Wachee, Florida 34613. Ruth Betancourt*

*Ruth Betancourt  
Manager*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2018

SAMMY ROBLES  
3313 NW 101 AVE  
SUNRISE, FL 33351

SUBJECT: NEW YORK FACES MAGAZINE LLC  
Ref. Number: W18000097006

We have received your document for NEW YORK FACES MAGAZINE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The address listed in the Articles is not consistent.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 318A00022835

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

New York Faces Magazine 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:

3313  
33243 N W 101 Ave.  
Sunrise, Florida 33351

Mailing Address:

3313  
33243 N W 101 Ave.  
Sunrise, Florida 33351

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:

Sammy Robles

Name

3313  
33243 N W 101 Ave.

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

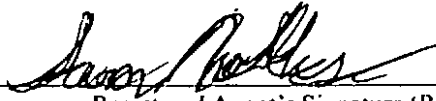
Sunrise, Florida 33351

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)

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TALLAHASSEE, FLORIDA

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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*

*MGR*

**Name and Address:**

Sammv Robles

3313 N W 101 Ave.

Sunrise, Florida 33351

*Ruth Betancourt*  
*8206 Nightingale Road*  
*Weeki Wachee 34613*

(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:**

*Sammv Robles*

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.  
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.

Sammv Robles

Typed or printed name of signer

**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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED