

L19000219697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

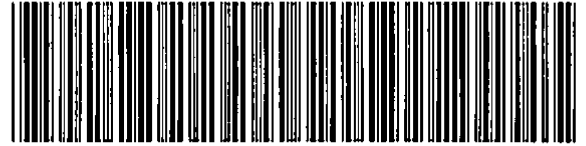
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100333357941

FILING CANCELLED
DUE TO RETURNED CHECK

08/15/19--01028--020 **160.00

SECRETARY OF STATE
TALLAHASSEE, FL

2019 SEP -6 PM 1:14

N CULLIGAN

AUG 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2019 SEP -6 AM 11:43

August 26, 2019

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ALEJANDRO JORDAN
3102 W HARBOR VIEW AVE
TAMPA, FL 33611

SUBJECT: ELEGANT DESIGNS PARTY DECORATOR LLC
Ref. Number: W19000078781

We have received your document for ELEGANT DESIGNS PARTY DECORATOR LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 719A00017605

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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ELEGANT DESIGNS PARTY DECORATOR 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:

Mailing Address:

4121 E BUSCH BLVD APART 1201
TAMPA FL 33617

3102 W HARBOR VIEW AVE
TAMPA FL 33611

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:

ALEJANDRO JORDAN SR

Name

3102 W HARBOR VIEW AVE

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

TAMPA

FL

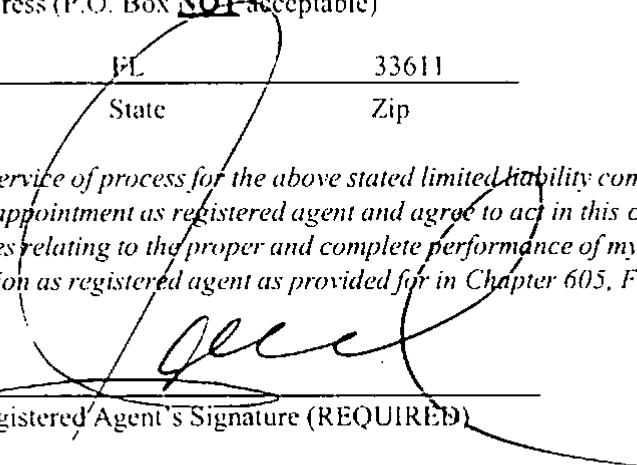
33611

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2018 SEP -6 PM 1:14

0-11-11-11

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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

AMBR

Name and Address:

ABDIEL HERNANDEZ-NODA

4121 E BUSCH BLVD APART 1201

TAMPA FL 33617

AMBR

IVANA GOMEZ

4121 E BUSCH BLVD APART 1201

TAMPA FL 33617

AMBR

IVAN JORDAN

3102 W HARBOR VIEW AVE

TAMPA FL 33611

AMBR

ALEJANDRO JORDAN

3102 W HARBOR VIEW AVE

TAMPA FL 33611

(Use attachment if necessary)

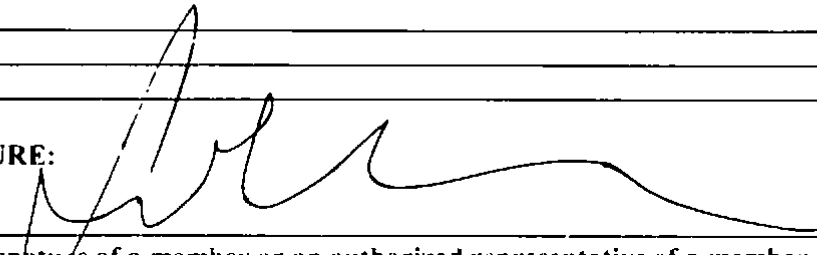
ARTICLE V: Effective date, if other than the date of filing: 08/15/2019. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at 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.

ALEJANDRO JORDAN SR.

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)

2019 SEP -6 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL