

L200000 46749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

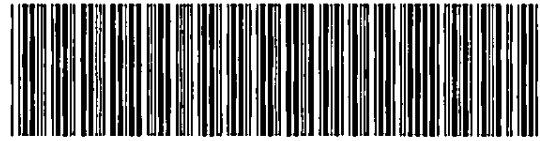
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W2000001238

FEB 17 2020

T. SCOTT



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12/18/19--01007--012 \*\*73.75

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FILED  
2020 FEB 14 PM 4:59  
FEB 14 2020  
FEB 14 2020

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2020

MICHAEL LENA JR  
1301SW 120TH WAY  
DAVIE, FL 33325

SUBJECT: MIKE MOTIVES, LLC  
Ref. Number: W20000001238

We have received your document for MIKE MOTIVES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 020A00001919

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Mike Motives  
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:

Michael Lena JR  
Name of Person

Mike Motives  
Firm/Company

1301 SW 120<sup>th</sup> Way  
Address

Davie / FL 33325  
City/State and Zip Code

Mike.Motives@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lena at ( 954 ) 557 9905  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee  
The difference  
\$46.25  
☐ \$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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mike's Active S, 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1321 SW 120<sup>th</sup> Way</u>	<u>1321 SW 120<sup>th</sup> Way</u>
<u>Davie FL 33325</u>	<u>Davie FL 33325</u>

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:

Michael Lema JR  
Name  
1191 SW 108<sup>th</sup> Way  
Florida street address (P.O. Box **NOT** acceptable)  
Davie FL 33324  
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.

Michael Lema  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2020 FEB 14 PM 4:59  
CLERK OF CIRCUIT COURT  
DAVIE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Michael Lena JR

**Name and Address:**

1301 SW 12th Way  
Davie FL 33325

MGR

Michael Anthony Lena JR  
1301 SW 12th Way  
Davie FL 33325

(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:**

Michael Lena

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.

Michael Lena  
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)