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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

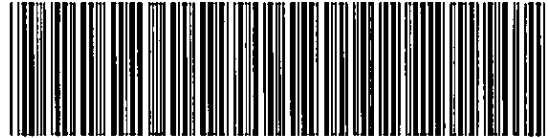
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2020 MAR 31 PM 3:12
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PULSE 7 (seven)
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:

KATRINA GRAHAM
Name of Person

PULSE 7
Firm/Company

P.O. BOX 810391
Address

BOCA RATON, FL 33418-0391
City/State and Zip Code

PULSESEVEN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina Graham at (561) 420-7755
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
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:

PULSE 7, 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:

5117 Caribbean Blvd,
APT 324, West Palm Beach
FL 33407

Mailing Address:

P.O. BOX 810391
BOCA RATON
FL 33481-0391

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:

William J. McNeil
Name

431 Executive Center Drive #101
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33461
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.

William J. McNeil
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Please See Attachment

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/18/2020 (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.

KATRINA GRAHAM

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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SOUTH FLORIDA
TALLAHASSEE, FL

ARTICLE IV

1. LaQuandria Howell – **(AMBR)**

5117 Caribbean Blvd. Apt 324, West Palm Beach, FL 33407

2. Katrina Graham – **(AMBR)**

P.O. Box 810391, Boca Raton, FL 33481-0391

3. Thamare Namuyamba – **(AMBR)**

4379 Willow Pond Rd. Unit D, West Palm Beach, FL 33417

4. Jennifer Mixon – **(AMBR)**

701 Southeast Autumn Ter, Port St. Luice, Florida 34983

5. Wilene Hophe – **(AMBR)**

431 Executive Center Dr. Apt 101, West Palm Beach, FL 33401

6. Roodina Celius – **(AMBR)**

1032 SW McCoy Ave, Port St. Lucie, FL 34953

7. Shana Voltaire – **(AMBR)**

730 Malibu Bay Dr. Apt 302, West Palm Beach, FL 33401

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CLERK OF DISTRICT COURT
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA