

L20000185433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/12/2011--01021--020 \$+125.00

20 JUN -9 2011

Derrick T.

From: Daniela Duarte
1185 Wildwood Lakes Blvd 107
Naples FL 34104

To: Florida Department of State
Division of Corporations
2415 N Monroe Street Suite 810
Tallahassee FL 32302

To Whom It May Concern:

Attached the New Filing Section documentation for the opening of a new Limited Liability Company under "The Cuban Premed LLC" name and a check for \$125 filing fee.. This LLC will be used as a retail sore for self care products and accessories.

Sincerely,

Daniela Duarte

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Cuban Premier 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:

Daniela Duarte
Name of Person

Firm/Company

1185 WILDWOOD LAKES BLVD Apt 107
Address

Naples Florida 34104
City/State and Zip Code

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

For further information concerning this matter, please call:

Daniela Duarte at (239) 595-8055
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

The Cuban Premed 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:

1185 WILDWOOD LAKES BLVD
Apt 107 Naples FL 34104

Mailing Address:

1185 WILDWOOD LAKES
BLVD Apt 107
Naples FL 34104

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:

Damela Duarte

Name

1185 WILDWOOD LAKES BLVD APT 107

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

Naples

City

FL

State

34104

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

20 JUNE -9

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

President / MGR

AMBR

AMBR

Name and Address:

Daniela Duarte
1185 WILDWOOD LAKES Blvd 107
Naples FL 34104

Mabel Muniz
1185 WILDWOOD LAKES Blvd 107
NAPLES FL 34104

Osniel A. Piloto Aguilar
1185 WILDWOOD LAKES Blvd 104
Naples FL 34104

(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:



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.

Daniela Duarte

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)