

621000198465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

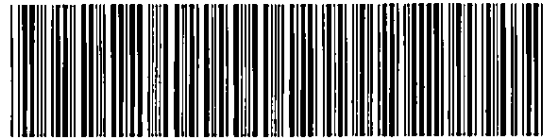
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer

Office Use Only



70036556481

2021 MAY -6 AM 9:05

FILED

05/04/21--01030--022 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY -4 PM 2:09

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 MAY -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 5, 2021

CAPITAL CONNECTION

SUBJECT: NEW CONCEPT HOUSE, LLC
Ref. Number: W21000061395

2021 MAY -6 AM 9:05

RECEIVED

We have received your document for NEW CONCEPT HOUSE, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 121A00009344

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NEW CONCEPT HOUSE, LLC

2021 MAY -6 AM 9:05

ED

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NEW CONCEPT HOUSE 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:

Gaston R. Cortes, CPA

Name of Person

KSDT & Co., LLC

Firm/Company

9300 S Dadeland Blvd Ste. 600

Address

Miami, FL 33156

City/State and Zip Code

gcortes@ksdt-cpa.com

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

For further information concerning this matter, please call:

Gaston R. Cortes, CPA

305

670-3370

at ()

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

2021 MAY -6 AM 9:05

ED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW CONCEPT HOUSE 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:

9300 S Dadeland Blvd Ste. 600
Miami, FL 33156

Mailing Address:

9300 S Dadeland Blvd Ste. 600
Miami, FL 33156

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:

KABAT, SCHERTZER, DE LA TORRE, TARABOULOS & CO., LLC

Name

9300 S Dadeland Blvd Ste. 600

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

Miami

FL

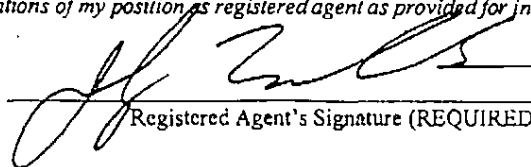
33156

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)

2021 MAY -6 AM 9:05

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:

MGRM

Jorge Luis Chapman Gonzales
Calle del Bell Air 330 La Molina
Lima, Peru 15026

AMBR

Viviana Miryam Marticorena Scavino
Calle del Bell Air 330 La Molina
Lima, Peru 15026

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/03/2021 (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:

DocuSigned by:



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.

Jorge Luis Chapman Gonzales

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)

2021 MAY - 6 AM 9:05

Certificate Of Completion

Envelope Id: 0D9710C0B32646D48308B0FD910DAF11

Status: Completed

Subject: Please DocuSign: Articles of Organization.pdf

Source Envelope:

Document Pages: 5

Signatures: 1

Envelope Originator:

Certificate Pages: 4

Initials: 0

Kenia Paiz

AutoNav: Enabled

9300 South Dadeland Boulevard

EnvelopeId Stamping: Enabled

Suite 600

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Miami, FL 33156

kpaiz@ksdt-cpa.com

IP Address: 52.170.114.11

2021 MAY - 11 10:05 AM

Record Tracking

Status: Original

Holder: Kenia Paiz

Location: DocuSign

5/3/2021 11:46:36 AM

kpaiz@ksdt-cpa.com

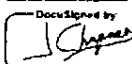
Signer Events

Jorge Chapman

jorgechapman@gmail.com

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by

2631610C82121AC

Timestamp

Sent: 5/3/2021 11:55:36 AM

Viewed: 5/3/2021 2:11:25 PM

Signed: 5/3/2021 2:17:23 PM

Signature Adoption: Drawn on Device

Using IP Address: 181.66.35.104

Electronic Record and Signature Disclosure:

Accepted: 5/3/2021 2:11:25 PM

ID: 8328e1a3-8ea9-40fd-8b2b-0fa2bf409638

In Person Signer Events

Signature

Timestamp

Editor/Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent

Hashed/Encrypted

5/3/2021 11:55:36 AM

Certified Delivered

Security Checked

5/3/2021 2:11:25 PM

Signing Complete

Security Checked

5/3/2021 2:17:23 PM

Completed

Security Checked

5/3/2021 2:17:23 PM

Payment Events

Status

Timestamps

Electronic Record and Signature Disclosure