

L21000286949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2021 JUN 21 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** CREDIT LEVEL 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:

HUBERT PIECIAK

Name of Person

CREDIT LEVEL LLC

Firm/Company

1801 NE 123RD STREET

Address

NORTH MIAMI FL, 33181

City/State and Zip Code

hubert@creditlevel.net

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

For further information concerning this matter, please call:

Samuel Harrold                      305                      974-4581  
at (                      )  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

6/18/21

CORPORATE DETAIL RECORD SCREEN

12:37 PM

NUMBER: W20000086528

REJECTED FILING

REJ: 08/07/2020

NAME : CREDIT LEVEL LLC

SUBMIT BY: HUBERT PIECIAK

ADDRESS : 1801 NE 123RD STREET  
NORTH MIAMI, FL 33181

USER ID : YCSCOTT

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 JUN 21 PM 4:29

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CREDIT LEVEL LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1801 NE 123RD STREET  
NORTH MIAMI FL, 33181

**Mailing Address:**

1801 NE 123RD STREET  
NORTH MIAMI FL, 33181

**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:

HUBERT PIECIAK

Name

1801 NE 123RD STREET

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

NORTH MIAMI

City

FL

State

33181

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.*

Hubert Pieciak

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

HUBERT PIECIAK  
1801 NE 123RD STREET  
NORTH MIAMI FL 33181

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

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**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:**

*Hubert Pieciak*

**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.

HUBERT PIECIAK

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)