

L23000283467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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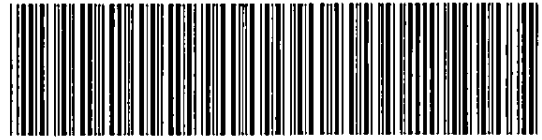
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Pro Organizers Latinas 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:

Maria Alejandra Vila de Rivera

Name of Person

Firm/Company

137 Spanish Marsh Drive

Address

Saint Augustine, FL, 32095

City/State and Zip Code

alejandra@yourorganizingstudio.com

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

For further information concerning this matter, please call:

Maria Alejandra Vila de Rivera 904 315 8209

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 &
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:

Pro Organizers Latinas 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:

Mailing Address:

137 Spanish Marsh Drive

Saint Augustine, FL 32095

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:

Maria Alejandra Vila de Rivera

Name

137 Spanish Marsh Drive

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

Saint Augustine

FL

32095

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)

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TALLAHASSEE, FL

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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:

SEE ATTACHED

SEE ATTACHED

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TALLAHASSEE, FL

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(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.

Purpose: Create and promote educational programs, events, and products to help professional organizers grow their businesses.

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.

Maria Alejandra Vila de Rivera

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)

ATTACHMENT

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:

AMBR

Maria Alejandra Vila de Rivera
137 Spanish Marsh Dr.
Saint Augustine, FL 32095

AMBR

Marian Bello Luy
497 Menendez Ave.
Coral Gables, FL 33146

AMBR

Morena Ivonne Soriano de Arevalo
18511 Sweetiasmine Ln
Spring TX 77379

AMBR

Celimar Vilorio
3218 Richwood Drive
Duluth, GA, 30096

AMBR

Diana Carolina Lopez
3761 W. Hillsboro Blvd. #C103
Coconut Creek, FL, 33073

AMBR

Xiomara Romero
1653 Lake Rd.
Jacksonville, FL 32226

AMBR

Maria Vianey Alonso
2371 Caton Crest Dr.
Crest Hill, IL 60403

AMBR

Katia Yaritza Principe Pagan
Bo. Barrazas Sector Negro Pagan
Carr.8856 Km 1.9 Interior Carolina. PR 00987

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