

L240000205184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

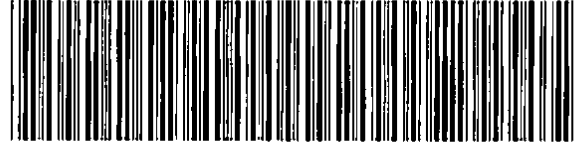
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

01116124

Office Use Only



200416924092

S. CHATHAM 18/13/23--01019--005 \*\*125.00  
MAY - 8 2024

2024 JAN 16 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

**REF: Your Ref. number W23000146390**

**Dear Cristal Hightower, Regulatory Specialist II**

**REF: Your Ref. number W23000146390**

Respected Officer:

Thank you for **Your Letter dated October 25, 2023**, copy attached

Following your instruction, we are hereby, Re-submitting for filing, the Articles of Organization for Neuro Shark LLC

Trusting that it will satisfy the requirement for this New Registration, we thank you in advance for your prompt attention.

If you have any further inquiries, please contact me to my telephone number on file. In the meantime, I take the opportunity to wish you a Happy and Blessed New Year.

Very truly, your

  
Samuel Iglesias

P.S. You kept the Check number 1375 for \$125.00 for your fees, with the original submission.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2023

SAMUEL IGLESIAS

10382 SW 212 STREET SUITE 106  
MIAMI, FL 33189 US

SUBJECT: NEURO SHARK LLC  
Ref. Number: W23000146390

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Crystal S Hightower  
Regulatory Specialist II  
CoT

Letter Number: 823A00024880

**COVER LETTER**

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

**SUBJECT:** Neuro Shark 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:

Samuel Iglesias

\_\_\_\_\_  
Name of Person

Neuro shark LLC

\_\_\_\_\_  
Firm/Company

10382 SW 212 Street Suite 106

\_\_\_\_\_  
Address

Miami Florida 33189

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samuel Iglesias

786

786-412-2290

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Neuro Shark 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:

10382 SW 212 Stree Suite 106

Miami

Florida 33189

Mailing Address:

10382 SW 212 Street Suite 106

Miami

Florida 33189

2024 JAN 16 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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:

Samuel Iglesias

Name

10382 SW 212 Street Suite 106

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

Miami

FL

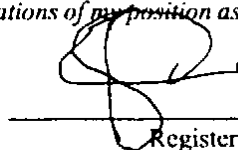
33189

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)

**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:**

President

Samuel Iglesias  
10382 SW 212 Street Suite 106  
Miami, Fl. 33189

Vice President

Yasmin Perez

2024 JAN 16 PM 5:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/29/2023. (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.

NA

**REQUIRED SIGNATURE:**

 OWNER.

**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.

Samuel Iglesias

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)