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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Dr	ocument Number)	
(50	our one (turnson)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	(MIX



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TRANSMITTAL LETTER

TO:	Registration Se Division of Co					
SUBJE	CT:	Herra	era Services, L.L	.C.		
SOBUL			d Liability Compar			
		f Organization and fee(s) are so	_			
		Jo	se S. Herrera			
		(1	Name of Person)			-
		Herrer	a Services, L.L.C	3		
			Firm/Company)		Z., r	~>
					SECKE VLLA:	2005 WAR R AN R: 10
		833	S.W. 7th Street	·		ฮ เ
			(Address)		SET O	Ö
		Romp	ano, FL 33060		THE CONTRACTOR	æ Z
	= ,		State and Zip Code)			5
For fur	ther information	concerning this matter, please	call:			
	Jose S. I	Herrera	at (754)	366 4289		
	(Name	of Person)		& Daytime To	elephone Number)	
Enclos	sed is a check fo	or the following amount:				
Z J \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fill Certified Copy (additional copy is		☐ \$160.00 Filing Fe Certificate of Status & Certified Copy (additional copy is enclose	&
	Regist	ET ADDRESS: ration Section on of Corporations	R	MAILING A Registration S Division of Co	ection	

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Con		
Herrera Services, L.L.C.		
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
833 S.W. 7th Street	833 S.W. 7th Street	
Pompano Beach, FL 33060	Pompano Beach, FL 33060	_
	arrid	
833 Florid	Name S S.W. 7th Street Is street address (P.O. Box NOT acceptable)	HAR -8 AM 8: 10
	impano Beagh, FL 33060 Lity, State, and Zip	
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co accept the obligations of my position	nt and to accept service of process for the above star quated in this certificate, I hereby accept the appoint is capacity. I further agree to comply with the provi- omplete performance of my duties, and I am familiar on as registered agent as provided for in Chapter 60 ered Agent's Signature	ment as sions of all with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Jose S. Herrera
	833 S.W. 7th Street
	Pompano Beach , FL 33060
<u></u>	
<u> </u>	2005
(Use attachment if necessary)	S = 1
•	the state of the s
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	ORIE 10
José s	PONTOS HEIRERA
	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)

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)

Jose S. Herrera Typed or printed name of signee