023625

(Requestor's Name)
(Address)
· · · ·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During F. 1967)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



900119334979

03/05/08--01023--016 **125.00

G. MCLEOD MAR - 6 2008 **EXAMINER**

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: WEALTH BUILDING INC		
(Name of Limite	ed Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
JEMIMA GARCIA & MARCO CLAVIJO		
	(Name of Person)	
	(Firm/Company)	
16913 NW 89 CT		
	(Address)	
MIAMI LAKES, FL 33018		
(City	y/State and Zip Code)	
For further information concerning this matter, please call:		
JEMIMA GARCIA	at (305) 467-8634	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	mpany is:
WEALTH BUILDING INDUS	STRIES, LLC.
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	s of the principal office of the Limited Liability Company is: Mailing Address:
16913 NW 89 CT	SAME
MIAMI LAKES, FL 33018	
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

JEMIMA GARCIA

The name and the Florida street address of the registered agent are:

Name

16913 NW 89 CT

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

MIAMI LAKES, FL 33Q18

City, State, and 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 608, F.S..

ignature (REQUIRED)

(CONTINUED)
Page 1 of 2

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 "MGRM" = Managing Member	Name and Address:
MGR	JEMIMA GARCIA
	16913 NW 89 CT
	MIAMI LAKES, FL 33018
MGR	MARCO CLAVIJO
	16913 NW 89 CT
	MIAMI LAKES, FL 33018
	\$1.5 (4. A) 11 (
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	er or an authorized representative of a member.
(In accordance with so of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
JEMIMA GAI	RCIA
	vned 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)