

W9 000 109438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

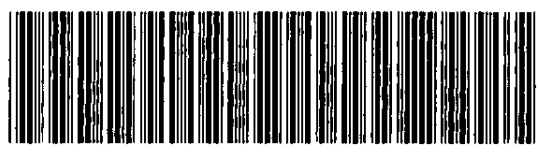
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 NOV 12 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
NOV 13 2009  
EXAMINER

**ROBERT SANTOS-ALBORNA**

365 NW 84 Court, #11, Miami, Florida

Tel. (305) 761-8730

E-mail: *rsa.businessconsultants@yahoo.com*

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November 10, 2009

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Establishing a Limited Liability Corporation

As instructed, below please find required information to open an LLC.

Name: Robert Santos-Alborna  
Address: 365 NW 84 Court, Apt 11  
Miami, Florida 33126  
Tel.: (305) 761-8730

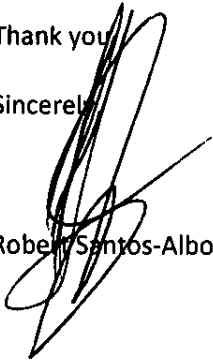
The nature of the company will be to provide oversight, mentoring, and consulting to businesses, in the area of geography and demographics, information technology, financial analysis and personnel management.

Attached is a check for \$160 for filing fee, certificate of status, and certified copy.

Thank you

Sincerely,

Robert Santos-Alborna



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2009 NOV 12 PM 11:00  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Comprehensive Business Consultants, 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:

Robert Santos - *Ausonia*  
Name of Person

Comprehensive Business Consultants, LLC  
Firm/Company

365 NW 84 Court  
Address

Miami, Florida 33126  
City/State and Zip Code

rsa.businessconsultants@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Santos - *Ausonia* at ( 305 ) 761-8730  
Name of Person Area Code & Daytime Telephone Number

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NOV 12 PM 1:00  
STATE OF FLORIDA  
TALLHASSEE

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**  
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 Company is:

Comprehensive Business Consultants, LLC

(Must end with 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:**

365 NW 84 Court, Suite 11  
Miami, Florida 33126

365 NW 84 Court Suite 11  
Miami, Florida 33126

**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:

Robert Santos-Alborna

Name

365 NW 84 Court, Suite 11

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

Miami, Florida 33126 FL

City, State, and Zip

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CLERK OF CIRCUIT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF DADE  
STATE OF FLORIDA

*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 of registered agent as provided for in Chapter 608, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Robert Santos  
365 NW 84 Court  
Miami, Florida 33126

MGRM

John Murphy  
305 NW 84 Ct  
Miami, FL 33126

MGRM

Daisy Alborna  
365 NW 84 Court  
Miami, Florida 33126

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

FILED  
2009 NOV 12 11:01  
CLERK OF THE COURT  
MAY 12 2009

**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.)

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT SANTOS - ALBORNA

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)