

L10000053413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

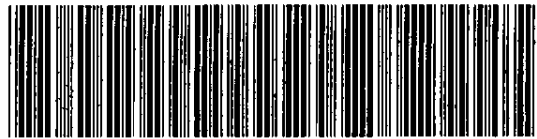
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10 MAY 17 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 18 2010  
EXAMINER

**DONNELLY & RUSSO, P.A.**

ATTORNEYS AT LAW

3708 W. EUCLID AVENUE, TAMPA, FLORIDA 33629

**SEAN V. DONNELLY\***

**JOSEPH C. RUSSO**

\*ALSO ADMITTED IN ILLINOIS

(813) 832-9790 PHONE

(813) 832-9739 FAX

May 14, 2010

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Filing of Articles of Organization for Luis Ventures, LLC

To Whom It May Concern:

Please find enclosed the Articles of Organization for referenced limited liability company, along with a check for \$138.75 for the filing fees.

Please file the Articles of Organization and provide our office with a Certificate of Status.

Thank you for your attention to this matter. If you have any questions, please feel free to contact me.

Sincerely,



Vikki Brown

Legal Assistant to Joseph C. Russo

Enc.

FILED  
10 MAY 17 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1

Name

The name of this Limited Liability Company is: **Luis Ventures, LLC**

ARTICLE 2

Mailing Address & Principal Office Address

The mailing address and principal office of this Limited Liability Company is: **4403 West North A. Street, Tampa, Fl. 33609.**

ARTICLE 3

Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is: **4403 West North A. Street, Tampa, Fl. 33609**, and the name of the initial registered agent of this Limited Liability Company at that address is **Luis Garcia**.

FILED  
10 MAY 17 9:43 AM  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Acceptance of Registered Agent

*Having been named as registered agent to accept service of process for the above-stated Limited Liability Company at the place designated in this certificate, I hereby accept the appointment of 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 in Chapter 608, Florida Statutes.*



**Luis Garcia**

ARTICLE 4

Managers/Managing Members

This Limited Liability Company is to be managed by the following Managing Members (MGRM):

- 1) **Luis Garcia - 4403 West North A. Street, Tampa, Fl. 33609.**

IN ACCORDANCE WITH section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true and correct. The undersigned is authorized and has executed these Articles, this 14 day of May, 2010.

Luis Garcia  
**Luis Garcia**  
Authorized Managing Member

**STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH**

The foregoing instrument was acknowledged before me this 14<sup>th</sup> day of May, 2010 by **Luis Garcia**.

SEAL

Vikki L. Brown

Type, Print or Stamp Name of Notary  
Personally known \_\_\_\_\_  
or Produced Identification   
Type of Identification Produced FL Dr. License

 **Vikki L. Brown**  
Commission # DD594041  
Expires September 22, 2010  
Bonded Troy Parr - Insurance, Inc. 800-365-7010

**FILED**  
10 MAY 17 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA