

L11000005370

(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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 11 AM 9:08

N. Culligan JAN 13 2011

Alfredo Rivera
6652 SW 49th St.
Davie, FL 33314

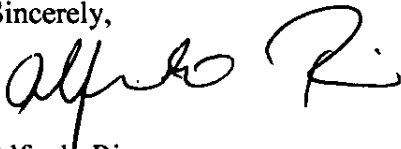
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Suzanne,

I have spoke to you on 06 JAN 11, in reference to me accidently filling the fictisous name when I meant to file an LLC. The Fictitious name was filed **under (A.Y. Rivera & Associates LLC)** the confirmation for this transaction is **000190224820**. You requested that I send to you the LLC Form with the difference and you would see if you could apply the \$50 spent on the fictitious name and add it to the LLC registration fee.

Please find enclosed in this letter a \$75.00 Check along with the LLC Registration Application. I thank you in advanced for all your help in this matter. If you have any questions at all please feel free to contact me at (954) 655-1694.

Sincerely,



Alfredo Rivera
(954) 655-1694
Email: alrivera1219@gmail.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.Y. Rivera & Associates 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:

Yamiris Rivera

Name of Person

A.Y. Rivera & Associates LLC

Firm/Company

6652 S.W. 49th Street

Address

Davie, FL 33314

City/State and Zip Code

yrivera226@gmail.com

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

For further information concerning this matter, please call:

Alfredo Rivera

Name of Person

at (**954**) **655-1694**

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
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:

A.Y. Rivera & Associates 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:

6652 S.W. 49th Street

6652 S.W. 49th Street

Davie, FL 33314

Davie, FL 33314

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:

Yamiris Rivera

Name

6652 S.W. 49th Street

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

Davie, FL 33314

City, State, and Zip

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DIVISION OF CORPORATIONS
11 JAN 11 AM 9:08

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.

Yamiris Rivera
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 _____

Yamiris Rivera

6652 S.W. 49th Street

Davie, FL 33314

MGR _____

Alfredo Rivera

6652 S.W. 49th Street

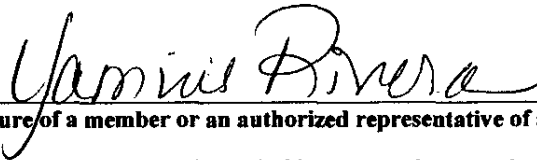
Davie, FL 33314

(Use attachment if necessary)

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. 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.)

Yamiris Rivera

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)

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DIVISION OF CORPORATIONS
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