

L11000138434
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
48320

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000288305 3)))



H110002883053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Doing so will generate another cover sheet.

2011 DEC -8 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CHAPARRO WINDOWS EXPRESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
11 DEC -8 PM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

DEC -9 2011

12/8/2011

EXAMINER

H11000288305

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAPARRO WINDOWS EXPRESS, 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:

FILED
2011 DEC - 8 AM 8:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

JUAN MOISE CHAPARRO
Name of Person

CHAPARRO WINDOWS EXPRESS
Firm/Company

591 NW 5357
Address

MIAMI, FL 33137
City/State and Zip Code

Z.ERICAN1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MOISE CHAPARRO at (786) 350-6210
Name of Person 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

H11000288305

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHAPARRO WINDOWS EXPRESS, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

2011 DEC -8 AM 8:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company:

Principal Office Address:

Mailing Address:

591 NW 53ST
MIAMI, FL 33127

591 NW 53ST
MIAMI, FL 33127

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.)

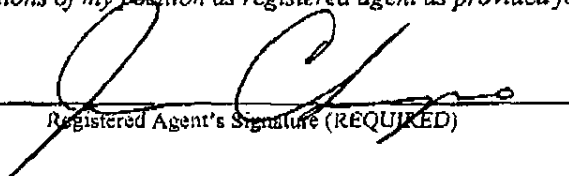
The name and the Florida street address of the registered agent are:

JUAN MOISE CHAPARRO
Name

591 NW 53ST
Florida street address (P.O. Box **NOT** acceptable)

MIAMI, FL 33127
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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

H11000288305

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

JUAN MOISE CHAPARRO
591 NW 53ST
MIAMI, FL 33127

2011 DEC -8 AM 8:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-8-11 (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.)

JUAN CHAPARRO
Typed or printed name of signer

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)

H11000288305