

# LI3000123051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

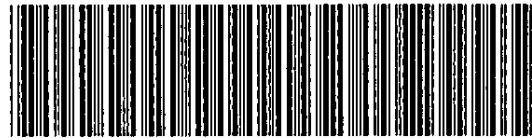
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200250996132

08/29/13--01005--029 \*\*125.00

FILED

2013 AUG 29 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan AUG 30 2013

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**Subject:** 5104 Cooper City, L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

*Arnaldo F. Castillo*  
*13400 SW 16 Ct.*  
*Davie, FL. 33325*

For further information concerning this matter, please call:

*Arnaldo F. Castillo at 954.548.5012*

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

FILED  
2013 AUG 29 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article I – Name:** The name of the Limited Liability Company is:

*5104 Cooper City, L.L.C.*

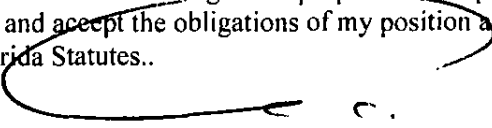
**Article II – Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

*5305 SW 103 Ave  
Cooper City, FL. 33328*

**Article III – Registered Agent, Registered Office, & Registered Agent’s Signature:** The name and the Florida street address of the registered agent are:

*Arnaldo F. Castillo  
13400 SW 16 Ct.  
Davie, FL. 33325*

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, Florida Statutes..

  
\_\_\_\_\_  
Registered Agents Signature

**Article IV – Manager(s) or Managing Members:** The name and address of each Managing Member is as following:

*Managing Member*

*Eric A. Castillo  
5305 SW 103 Ave  
Cooper City, FL. 33328*

*Managing Member*

*Lisa A. Castillo  
5305 SW 103 Ave  
Cooper City, FL. 33328*

  
\_\_\_\_\_  
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.)