

LIS000069427

(Requestor's Name)

(Address)

(Address)

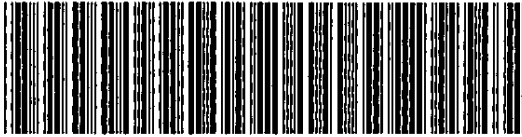
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



700270913657

04/02/15--01023--003 **160.00

Special Instructions to Filing Officer:
Blanca Real GAVE
AUTHORIZATION BY ~~PHONE~~ EMAIL TO
CORRECT Title
DATE 4/21/15
DOC. EXAM. Jessie Faxon

Office Use Only

FILED
15 APR -2 AM 3:57
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blanca Cortes Maintenance Services L.L.C
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:

Blanca Real

Name of Person

Firm/Company

10651 Hammocks Blvd. Apt 818

Address

Miami FLA 33196

City/State and Zip Code

Blancaucortes@gmail.com

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

For further information concerning this matter, please call:

Blanca Real

Name of Person

at (786) 366-4855

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

Fason, Jessica A.

From: Blanca Cortes <blancaucortes@gmail.com>
Sent: Tuesday, April 21, 2015 11:18 AM
To: Fason, Jessica A.
Subject: Re: LLC Filing

MGR for Blanca Real

On Apr 20, 2015 11:43 AM, "Fason, Jessica A." <Jessica.Fason@dos.myflorida.com> wrote:

Dear Mrs. Real,

We received your LLC filing, but upon processing your document, you left out the title of the authorized individual. Such titles that we will accept are "AMBR"- Authorized Member or "MGR"- Manager. Please email me back which one your prefer so that I may process it.

Sincerely,

Jessica Fason, Regulatory Specialist II

@ItsWorkingFL



The Department of State is committed to excellence.
Please take our [Customer Satisfaction Survey](#).

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blanca Cortes Maintenance Services L.L.C
(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:

10651 Hammocks Blvd
APT 818
Miami FLA 33196

10651 Hammocks
Bld. Apt 818
Miami FLA 33196

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.)

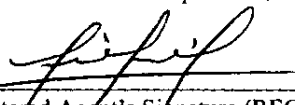
The name and the Florida street address of the registered agent are:

Blanca Real
Name

10651 Hammocks Blvd
Florida street address (P.O. Box NOT acceptable)

Miami FL 33196
City 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Blanca Real
10651 Hammocks Blvd Apt 818
Miami FLA 33196

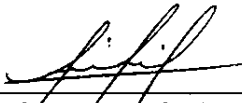
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03-28-15 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Blanca Real

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 APR -2 AM 3: 57

FILED