

JUL/13/2016 WED 01:48 PM

P. 001

L16000128397

7/13/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H160001685473)))



H160001685473ABC5

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

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305)444-4994  
Fax Number : (305)444-4977

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

Email Address: \_\_\_\_\_

RECEIVED

16 JUL 13 PM 1:39

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

FLORIDA LIMITED LIABILITY CO.  
SAENZ HOLDING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

16 JUL 13 AM 9:39

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

JUL 14 2016

T. SCOTT

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**SAENZ HOLDING, LLC**

*(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**

5521 LYONS Rd Apt 111  
Coconut Creek, FL 33073

**Mailing Address**

5521 LYONS Rd Apt 111  
Coconut Creek, FL 33073

16 JUL 13 AM 9:39



**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:*

**R&P ACCOUNTING & TAXES, INC**

*Name*

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL. 33131**

*FL 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 605, F.S*

X

**Registered Agent's Signature (REQUIRED)**

**ARTICLE IV**

***MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each  
Person authorized to manage and control the Limited Liability Company:***

***Title:***

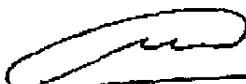
***ISABEL SAENZ  
5521 LYONS Rd Apt 111  
Coconut Creek, FL 33073***

**MANAGER**

**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**

X   
*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.)*

**ISABEL SAENZ**  
*Typed or printed name of signer*