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# COVER LETTER

TO: New Filing Section Division of Corporations Hernandez Cortez Panting LL
SUBJECT: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:
Zenon Hernander Corter Name of Person
Firm/Company
5568 Stonler Rd
Address
Tollahassee F1 32303
Tollahassee F1 32303  City/State and Zip Code  Thernondez In 3826 Gmail Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Zenon at (850) 648 63 49  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810. Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Hernandez Cortez Fainting or "LLC"

### ARTICLE II - Address:

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

<u>Principal Office Address:</u>	<u>Mailing Address</u> :
5568 Stylke Rd	5568 stonle Rd
Millin 1455 FC 37303	Tallohassee TI
	57505

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

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

another business entity with an active Florida registration.)

Zenon Hernandez Cortez

Name

5568 Stoneler Rd

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

Tallahassee FL 32303

City State Zin

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 of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Zenon Hernandez Cortez 5568 Stonkler Rd Tallahassee F 32303
(Use attachment if necessary)	
If an effective date is listed, the date must be s ne date of filing.)	specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as not of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

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

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes 1 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.

Zenon Hernandez Cortez
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)