

Miami, May 22/00

L00000006173

# COVER LETTER

NAME: CLARA GUTIERREZ

ADDRESS: 9917-1 N.W. 9th ST CIRCLE

MIAMI, FL 33172

Ph N° : (305) 554-5309

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09 MAY 24 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

CONINMAQ L.L.C.

## ARTICLE II - Address:

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

9917-1 N.W. 9<sup>th</sup> ST CIRCLE. MIAMI, FL 33172

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DALIA CORDOBA.

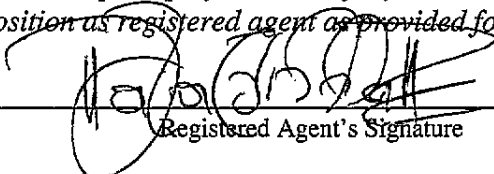
9917-1 N.W. 9<sup>th</sup> ST. CIRCLE.

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

MIAMI FL 33172

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

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. MEMBERS ARE:

MARIO MEJIA  
CLARA GUTIERREZ

(An additional article must be added if an effective date is requested)

CLARA T. GUTIERREZ

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.)

Typed or printed name of signer

## FILING FEES:

- \* \$ 100.00 Filing Fee for Articles of Organization
- \* \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \* \$ 5.00 Certificate of Status (OPTIONAL)

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CONINMAQ L.L.C.

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

DALIA CORDOBA

(Name)

9917-1 N.W. 9<sup>th</sup> ST CIRCLE

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

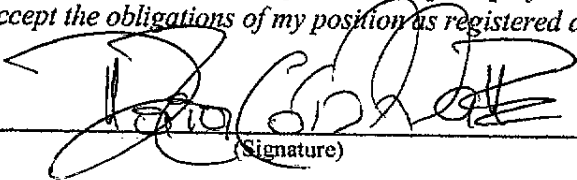
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(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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