

L000000 10385

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

400003375944--6

-08/29/00--01030--022

\*\*\*\*375.00 \*\*\*\*125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Go Sat Net LLC

(Corporation Name)

(Document #)

2. Lowrider Travel Plaza LLC

(Corporation Name)

(Document #)

3. Lowrider Gas Mart, LLC

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

8/29



Certified Copy



Mail out



Will wait



Stamped  
Photocopy



Certificate of Status

FILED  
00 AUG 29 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

00 AUG 29 AM 10:44

RECEIVED

L00-10385

8/29

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lowrider Travel Plaza, LLC

## ARTICLE II - Address:

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

465 Alexandra Circle Weston, Florida 33326

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

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

Fernando Dalmau  
 Name  
 465 Alexandra Circle  
 Florida street address (P.O. Box NOT acceptable)  
 Weston FL 33326  
 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 the 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

Fernando Dalmau

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

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

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

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.)

Fernando Dalmau

Typed or printed name of signee

## 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)

FILED

00 AUG 29 PM 1:53

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA