L03000026033

(Requestor's Name)				
(Address)				
(// 23)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Codificat Conics				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special modulation of many amount				

Office Use Only



100021347151

07/08/03--01070--003 **125.00

SECRETARY OF STATE OF STATE OF CORPORATIONS

OBJUL -8 PM 3: 10

TRANSMITTAL LETTER

ng Services
(Name of Limited Liability Company)
zation and fee(s) are submitted for filing. concerning this matter to the following:
erson)
1
any)
,
nd Zip Code)
ng this matter, please call:
at (310) 493-7070
(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Cenlar Marketing, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office A	voaress:	Mailing Address:		
405 S Dale Mabry Hwy		405 S Dale Mabry Hwy		
Tampa FL 33609		Tampa FL 33609		-
	egistered Agent, Registered Offi	ce, & Registered Agent's Signature:	INF EO	I SECOND
	Carlos Ixtlahuac	·	1 00	强
Name			P	RACE RACE
	405 S Dale Mabry Hwy		نې	ON STA
	Florida street address (P.O. Box NOT acceptable)		5	AFFORS
	Tampa FL 33609 FL			<u> </u>
	City, State, and Zip	3		

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Carlos ixtlahuac
	405 S Dale Mabry Hwy
	Tampa FL 33609
	/ Vacan Stepane
	Carlos Ixtlahuac
	4
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	or an authorized representative of a member.
_	
	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
Carlos ixtiahuac	and the control of th
Тур	ed 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)