

# L03000027825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

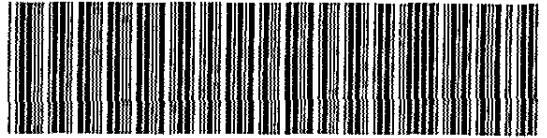
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name

Office Use Only



700021490977

~~TRICOUNTY~~  
07/22/03--01068--001 \*\*125.00

FILED  
03 JUL 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SANTA FE, LLC.  
(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:

Luis Machado  
(Name of Person)

SANTA FE, LLC.  
(Firm/Company)

10273 NW 80th Ct Suite 102  
(Address)

Hialeah Gardens, Fl. 33016  
(City/State and Zip Code)

**FILED**  
**03 JUL 22 AM 8:00**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Luis Machado at ( 305 ) 362-0400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**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:

SANTA FE, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

10273 NW 80th Court  
Suite 102  
Hialeah Gardens, FL 33016

**Mailing Address:**

P.O. Box 520682  
Miami, Florida 33152-0682

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

Luis Machado

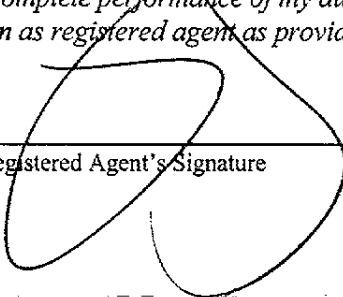
The name and the Florida street address of the registered agent are:

Luis Machado  
10273 NW 80th Court Suite 102

Florida street address (P.O. Box **NOT** acceptable)  
Hialeah Gardens FL 33016  
City, State, and Zip

FILED  
03 JUL 22 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:**

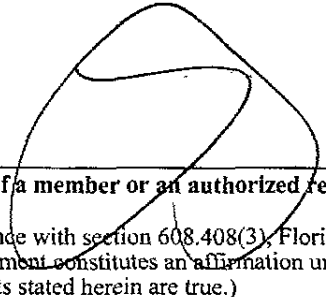
MGRM Luis Machado  
10273 NW 80th Ct. Suite 102  
Hialeah Gardens, Fl 33016

MGRM Felix Lasarte  
10273 NW 80th Ct. Suite 102  
Hialeah Gardens, Fl. 33016

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Luis Machado

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)

03 JUL 22 AM 8:00  
FILED  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA