

L03 0000 28894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

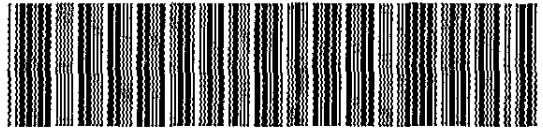
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300021901453

08/01/03--01044--010 **125.00

FILED

03 AUG - 1 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJVP, 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:

JOSE GUERRERO

(Name of Person)

MIS OFICINAS, INC.

(Firm/Company)

848 BRICKELL AVE. SUITE 1225

(Address)

MIAMI / FLORIDA / 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE GUERRERO

(Name of Person)

at (786)

433-2150

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 AUG - 1 AM 11:04

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJVP, LLC.

ARTICLE II - Address:

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

Principal Office Address:

848 BRICKELL AVE. SUITE 1225

MIAMI, FL. 33131

Mailing Address:

848 BRICKELL AVE. SUITE 1225

MIAMI, FL. 33131

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

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

MIS OFICINAS, INC.

Name

848 BRICKELL AVE. SUITE 1225

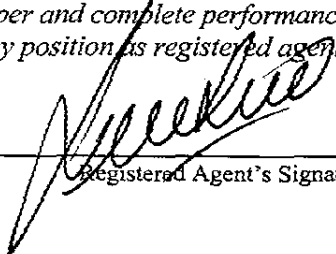
Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33131

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

(CONTINUED)

03 AUG - 1 AM 11:00
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Name and Address:

MGRM

CLAUDIA V. RODRIGUEZ

848 BRICKELL AVE. SUITE 1225

MIAMI, FL. 33131

JOSE GUERRERO

MGRM

JOSE GUERRERO

848 BRICKELL AVE. SUITE 1225

MIAMI, FL. 33131

(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.)

JOSE GUERRERO

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)