

L040000004653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

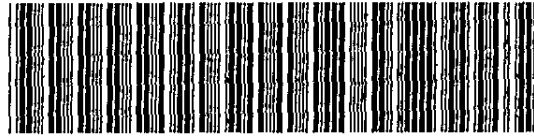
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FILED
2004 JAN 12 AM 8:33
TALLAHASSEE, FLORIDA

J. BRYAN JAN 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROCIO DELC. RESTREPO 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:

ROCIO RESTREPO G.
(Name of Person)

ROCIO DELC. RESTREPO LLC
(Firm/Company)

11510 VILLAGRAND APT. 411
(Address)

FORT MYERS, FL. 33913
(City/State and Zip Code)

For further information concerning this matter, please call:

ROCIO RESTREPO G. at (239) 2254096
(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

FILED
2004 JAN 12 AM 8:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 JAN 12 AM 8:33
SOUTH FLORIDA CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROCIO DELC. RESTREPO LLC

ARTICLE II - Address:

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

Principal Office Address:

11510 VILLAGRAND
APT. # 411, FORT MYERS,
FL. 33913

Mailing Address:

11510 Villagrand
APT. # 411, FORT MYERS
FL. 33913

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

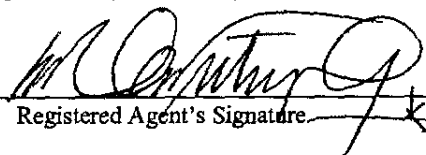
The name and the Florida street address of the registered agent are:

ROCIO DELC. RESTREPO
Name

11510 Villagrand apt. # 411
Florida street address (P.O. Box NOT acceptable)

FORT MYERS FLORIDA 33913
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, Florida Statutes..


Registered Agent's Signature

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

ROCIO DEL C. RESTREPO
11510 VillaGrand Apt. 411
Fort Myers, FL 33913


MGRM

GLORIA C. RESTREPO
365 N.W. 77 Terrace
Plantation, FL 33324

(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.)

ROCIO RESTREPO G.
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)