1.0400000000053

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	1
789,62	3,671 1/28
1004-90	3,671 124 24 Office Use Only



300025916493

0:/05/04--01062--010 **:25.00

O4 JAN 26 PM 3: 22



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 8, 2004

NUNEZ LUIS E.-NINEZ 22754 PENNY LOOP LAND OF LAKES, FL 34639 NUNEZ.

SUBJECT: LUIS E NINEZ LLC Ref. Number: W04000000996

04 JAN 26 PN 3: 22

NONES

We have received your document for LUIS E NINEZ-LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 204A00001371

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Luis E NUNEZ S.	K.C.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
22754 PENNY LOOP.	20154 PEWNY LOOP.
Land o Lakes, 21 34639	Land O'lakes, 71 3463
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the register	
Luis E Name	
Florida street address (P.O. Box N	IOT acceptable)
LAND OF LAKES FI City, State, and Zip	LORIDA 3 4639 CR S. S. S.

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

Page 1 of 2 (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

**MGRM" = Managing Member

**MGRM" = Managing Member

**AGF HAKES 134639

(Use attachment if necessary)

Title:

Name and Address:

**Name

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.)

Typed or printed name of signee

Fling 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)