

LO4 0000 10594

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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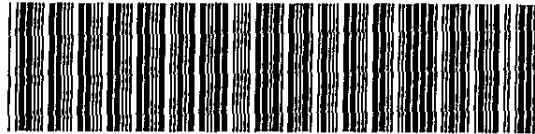
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 13, 2004

HILARION VAZQUEZ
409 N. BOSTON AVENUE
DELAND, FL 32724

SUBJECT: HILARION VAZQUEZ DRY WALL
Ref. Number: W04000001633

We have received your document for HILARION VAZQUEZ DRY WALL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 904A00002354

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ON FEB -9 AM 9:17

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HILARION Vazquez Dry Wall
(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:

Hilarion Vazquez
(Name of Person)

Hilarion Vazquez Dry Wall
(Firm/Company)

409 N. Boston Ave
(Address)

deLand FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

Hilarion Vazquez at (386) 717 44 11
(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hilarion Vazquez Dry Wall Limited Liability-
Company

ARTICLE II - Address:

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

Principal Office Address:

409 N Boston Ave
deland FL 32724

Mailing Address:

P.O. Box 1693
deland FL 32721

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

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

Hilarion Vazquez Limited Liability -
Company
Name
409 N Boston Ave
Florida street address (P.O. Box NOT acceptable)
deland FL FLORIDA 32724
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..

Hilarion Vazquez
Registered Agent's Signature

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03 FEB -09 AM 9:17
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

Hilarion Vazquez
409 N Boston Ave
Oeland FL 32724

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Hilarion Vazquez
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.)

Hilarion Vazquez
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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