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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

LO4-11268  
OK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** San Emilio, 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:

Markus Stefan Seitenberg  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

520 East Ave. #503  
(Address)

Rochester, NY 14607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Markus Stefan Seitenberg at ( 585 ) 613 1165  
(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

RECORDING OF STATE  
TALLAHASSEE, FLORIDA  
04 FEB -00 PM 3:15  
FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

San Emilio, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8911 Collins Ave. #803

Surfside, FL 33154

USA

**Mailing Address:**

8911 Collins Ave. #803

Surfside, FL 33154

USA

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

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

Maria Delia Alonso

Name

8911 Collins Ave. #803

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

Surfside, FL, 33154

FLORIDA

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

FILED  
MAY 13 2013  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

**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

María Delia Alonso

8911 Collins Ave. #803

Surfside, FL 33154, USA

MGRM

Leandro Hipolito Alonso

11 de Septiembre 1643 1 floor

Capital Federal 1426 Buenos Aires, Argentina

MGRM

Rosa Elena Burgos de Alonso

11 de Septiembre 1643 1 floor

Capital Federal 1426 Buenos Aires, Argentina

MGRM

Markus Stefan Seitenberg

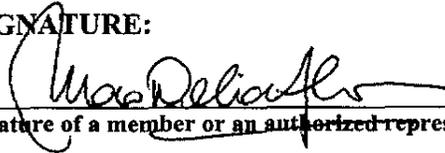
520 East Ave. #503

Rochester, NY 14607, USA

(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.)

Maria Delia Alonso

Typed or printed name of signee

CLERK OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE  
CLERK OF STATE

FILED

**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)**