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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

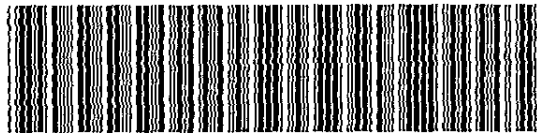
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TALLAHASSEE, FLORIDA

04 MAR -1 PM 5:10

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THE SANCHEZ LAW FIRM

106 SOUTH ARMENIA AVENUE
TAMPA, FLORIDA 33609

JULIAN A. SANCHEZ, P.A.

TELEPHONE
(813) 226-2888
FACSIMILE
(813) 254-0532

February 27, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Registration of Sanchez & Bobet, LLC

Dear Sir/Madam:

I am enclosing a check in the amount \$125 for filing of the articles of organization and designation of registered agent. Also I am enclosing the completed transmittal letter and articles of organization for a Florida limited liability company.

If you wish to discuss this matter or need any additional information please do not hesitate to contact me at the address and phone number referenced above.

Sincerely,


Juliana A. Sanchez

JAS/wf
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sanchez + Bobet, 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:

Julian A. Sanchez
(Name of Person)

Sanchez + Bobet, LLC
(Firm/Company)

106 So. Armenia Ave.
(Address)

Tampa, FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

Julian A. Sanchez at (813) 258-6898
(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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sanchez + Bobet, LLC

ARTICLE II - Address:

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

Principal Office Address:

106 So. Armenia Ave
Tampa, FL 33609

Mailing Address:

106 So. Armenia Ave
Tampa, FL 33609

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

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

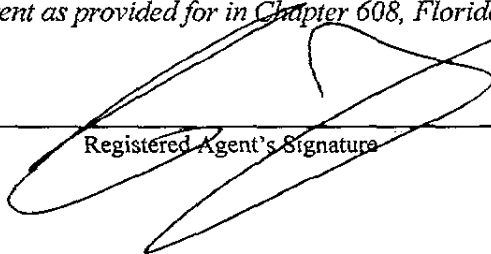
Julian A. Sanchez
Name

106 So. Armenia Ave

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

Tampa, FL 33609
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

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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

Julian A. Sanchez, P.A.
106 So. Armenia
Tampa, FL 33609

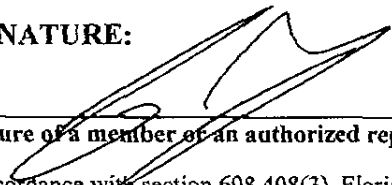
MGRM

Victor M. Bobet, P.A.
106 So. Armenia Ave
Tampa, FL 33609

(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.)

Julian A. Sanchez

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)