L040000020522

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT M	AIL	
(Business Entity Name)		
(Document Number)		
(2000.10.10.10.10.10.10.10.10.10.10.10.10.		
Certified Copies Certificates of Status _		
Special Instructions to Filing Officer:		
3/5 FC IC	÷	

Office Use Only



400029844704

ñ3/08/04--01020--007 **125.00 □

MJH

04 MAR -5 FH 1:54

TRANSMITTAL LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJE	CT: Guillermo Guerra LLC (Name of Limited Liability Company)		
	(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:			
C (110)			
authermo buerra			
(Name of Person)			
	•		
(Firm/Company)			
15610 15th Street			
	(Address)		
	Dade City FL 33523		
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Quillana - Quarron and Mul MAMA			
CIUITEMO CIUENTA (813) 114-4011			
	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Guillermo Guerra LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 15(010 15th Street Dade City, FL 33523 Mailing Address: 15(010 15th Street Dade City, FL 33523
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Guillermo Guerra Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NO

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)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member MARM MARM	Maria E. Guerra 15010 1515 Street Dade City ITC 3350	
(Use attachment if necessary)		
REQUIRED SIGNATURE: Signature of a member or an au (In accordance with section 608.4	added if an effective date is requested. Otherized representative of a member. 408(3), Florida Statutes, the execution filtrmation under the penalties of perjury i.e.	

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)

Typed or printed name of signee