## L040000 28285

| MARIA Fernandez  - 5376 LOTH PL S.W  NAPLES FC 34116 |
|--|
| (Muuress)  |
| (City/State/Zip/Phone #)                             |
| PICK-UP WAIT MAIL                                    |
| (Business Entity Name)                               |
| (Document Number)                                    |
| Certified Copies Certificates of Status              |
| Special Instructions to Filing Officer:              |
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 24, 2004

MARIA FERNANDEZ 5376 20TH PL SW NAPLES, FL 34116

SUBJECT: MARIA FERNANDEZ LLC

Ref. Number: W04000007714

OH APRILL AN 8:51

We have received your document for MARIA FERNANDEZ LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 504A00012363

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| TALLAHÁSSEE, FLORIDA | 04 APR 14 Alt 8:51 |  |
|----------------------|--------------------|--|
| : ب <u>ت</u><br>جو   |                    |  |

| ARTICLE I - Name:   |                              | 0.55                |
|---|------------------------------|---------------------|
| The name of the Limited Liability Company is:                               | 110                          | <b>ご</b> :<br>第7    |
| Maria Fernandez   | LLC.                         |                     |
| ARTICLE II - Address: The mailing address and street address of the princip | pal office of the Limited Li | ability Company is: |
| Principal Office Address:   | Mailing Address:             | A                   |
| Maria Fernandez   | Maria                        | <u>Fernander</u>    |
| 5376 20T6 PL-SW   | 5376 20                      |                     |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

-C. 34116

Maria Fernandez

Name

537620TH PL SW

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

Maples FC FLORIDA 34/16

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 fgr in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |
|--|--|
| MGRIVI - Ivialiaging ivienibes   | MARIA FERNANDE<br>STAPLESTE 3916 5   |
|  |  |
| * .  |  |
|  |  |
| (Use attachment if necessary)  |  |
| NOTE: An additional article mu   | st be added if an effective date is requested.   |
| REQUIRED SIGNATURE:  |  |
| Signature of a member of   | an authorized representative of a member.  |
| (In accordance with section of this document constitute that the facts stated herein Waria F | n 608.408(3), Florida Statutes, the execution and afternation under the penalties of perjury |

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)