

W04000042616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

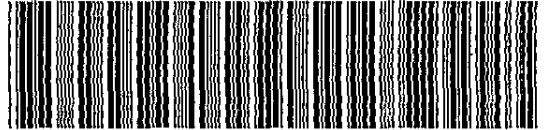
(Business Entity Name)

(Document Number)

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MICHIGAN STATE
UNIVERSITY
LANSING, MI 48206

W04-42616
R



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 24, 2004

ALVERIO HERIBERTO JR
4336 SW SANTA BARBARA PL
CAPE CORAL, FL 33914

SUBJECT: ALVERIO HERIBERTO JR
Ref. Number: W04000020012

We have received your document for ALVERIO HERIBERTO JR and your check(s) totaling \$160.00. 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: 704A00036253

05/24/04 7:08:38
FILED
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALVERIO HERIBERTO JR
(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:

ALVERIO HERIBERTO JR
(Name of Person)

(Firm/Company)

4336 SW SANTA BARBARA PL
(Address)

CAPE CORAL FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

ALVERIO HERIBERTO JR at 239, 542-0825
(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

REGISTRATION SECTION
TALLAHASSEE, FLORIDA

24 JUN -7 AM 8:38

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALVERIO HERIBERTO JR. LLC

ARTICLE II - Address:

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

Principal Office Address:

4336 SW SANTA BARBARA PL
CAPE CORAL
FL 33914

Mailing Address:

4336 SW SANTA BARBARA PL
CAPE CORAL
FL 33914

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

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

ALVERIO HERIBERTO JR

Name

4336 SW SANTA BARBARA PL

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

CAPE CORAL FLORIDA 33914

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..

Heriberto Alvera Jr
Registered Agent's Signature

RECORDED AT THE
TALLAHASSEE, FLORIDA
24 JAN -7 AM 8:30

FILED

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

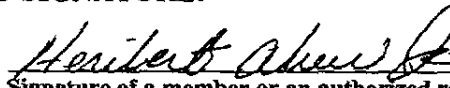
ALVERIO HERIBERTO JR
4336 SW SANTA BARBARA PL
CAPE CORAL FL 33914

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.)

ALVERIO HERIBERTO JR
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)

FILED
JUN 14 2011 11:08 AM
TALLAHASSEE FLORIDA