

L04000048576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

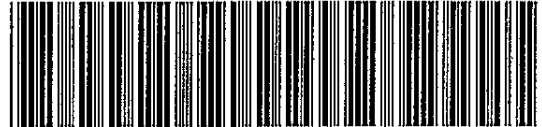
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300037500873

06/14/04--01072--013 **100.00

06/24/04--01034--002 **25.00

06/29/04

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
06 JUN 24 PM 12:36

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert MENDEZ DESIGNS, Ltd. CO.
(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:

Robert MENDEZ
(Name of Person)

Robert MENDEZ DESIGNS, Ltd. CO.
(Firm/Company)

8302 Lost LAKE Drive
(Address)

Orlando, Florida 32817
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert MENDEZ at (407) 927-2617 (CELL)
(Name of Person) (Area Code & Daytime Telephone Number)
(407) 671-6555 (HOME)

WOC-23247
JUN 24 PM 12:36
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 16, 2004

**ROBERT MENDEZ
ROBERT MENDEZ DESIGNS, LTD. CO.
8302 LOST LAKE DRIVE
ORLANDO, FL 32817**

**SUBJECT: ROBERT MENDEZ DESIGNS, LTD. CO.
Ref. Number: W04000023247**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 24 PM 12:36

We have received your document for **ROBERT MENDEZ DESIGNS, LTD. CO.** and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 004A00040293

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Robert Mendez Designs, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

8302 Lost Lake Drive

Orlando, FL 32817

Mailing Address:

8302 Lost Lake Drive

Orlando, FL 32817

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 24 PM 12:36

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

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

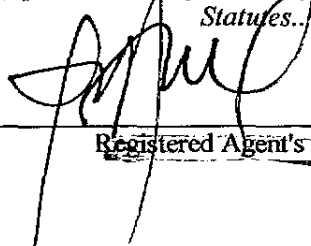
Roberto Mendez
Name

8302 last lake Dr
Florida street address (P.O.Box Not acceptable)

Orlando FL 32817
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

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:

Manager

Robert Mendez

8302 Lost Lake Drive

Orlando, FL 32817

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 24 PM 12:36

(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.)

Robert Mendez

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)