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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: John Joseph Ortiz, L.L. C. (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:							
John Joseph Ortiz							
(Name of Person)							
(Firm/Company)							
4330 W.Oakland Pk. Blvd.							
(Address)							
Lauderdale Lakes, FL 33313							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
John Joseph Ortiz at (954) 592-1837 (Name of Person) (Area Code & Daytime Telephone Number)	SECHE DATE FLORIDA	04 JUL -9 PM 1:29	FILED				

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

	OSEPH ORTIZ, L.L.		<u> </u>
ARTICLE II - Address The mailing address and		rincipal office of the Limited Liability	Comp
Principal Office Addre	ss:	Mailing Address:	
4330 W. Oakland Pk.	. Blud.	4330 W. Oakland Pk. B	lvd.
Lauderdale Lakes, F	FL 33313	Lauderdale Lakes, FL	33313
ARTICLE III - Registe The name and the Florid	U . U	d Office, & Registered Agent's Signat registered agent are:	ture:
-	a street address of the	registered agent are:	
-	U . U	registered agent are:	£ 4
-	a street address of the John Joseph Ora	registered agent are:	£ 4
-	John Joseph Ora Name 4330 W. Oakland	registered agent are:	£ 4
-	John Joseph Ora Name 4330 W. Oakland	registered agent are:	£ 4
The name and the Florid	John Joseph Ora Name 4330 W. Oakland Florida street address (P. Lauderdale Lake City, State,	I Pk. Blud. O. Box NOT acceptable) 25, FLORIDA 33313	CENTRAL PROPERTY OF THE PROPER

Page 1 of 2 (CONTINUED)

The name and add	ress of each Manager	r or Managing Member is as follows:	
Title: "MGR" = Manage "MGRM" = Mana		Name and Address:	
<u>Manager</u>	_	John J. Ortiz 4330 W. Oakland Pk. Blvd. Lauderdale Lakes,Fl 33313	
	_		
(Use attachment if	necessary)		
REQUIRED SIG	NATURE: ure of a member or an accordance with section 608	authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	FILEU
	John J. Ortiz	Z	

ARTICLE IV- Manager(s) or Managing Member(s):

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