4000064400

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
V	,	
	(Ot-t-/7: /D)	- 45
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
•	•	
Certified Copies	Cartificates	of Status
Certified Copies	Certificates	o Status
	-	
Special Instructions to F	iling Officer:	
		i
<u> </u>	· <u>.</u>	

Office Use Only



200040350182

08/31/04--01007--001

**21500.00

DIVISION OF CORPORATION 04 NUG 30 PM 4: 52

OF STOP &

	7
_	
1	
C	J

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: CINDY

DATE:

8-30-04

REF. #:

001260.29554

CORP. NAME: Jose Arnulfo Meza, LLC

() ARTICLES OF INCORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY
() REINSTATEMENT	() MERGER	() WITHDRAWAL
() CERTIFICATE OF CANCELLATION		
() OTHER:		
FILINGS.	TH CHECK# <u>43429</u> FOR \$ <u>21</u> CCOUNT IF TO BE DEBITE	SEE, F
	COST LI	MIT: \$ STATE 07
PLEASE RETURN:		
() CERTIFIED COPY () C	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY
() CERTIFICATE OF STATUS		

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY			
ARTICLE I - Name:			
The name of the Limited Liability Company	y is:		
JOSE ARNULFO MEZA, LLC	-		
ARTICLE II - Address:			
	ne principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
4517 W HUMPHREY ST	4517 W HUMPHREY ST		
TAMPA, FL 33614	TAMPA, FL 33614		
ARTICLE III - Registered Agent Regist	tered Office, & Registered Agent's Signature:		
The name and the Florida street address of t			

Name

4517 W HUMPHREY ST

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

TAMPA, FL 33614

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

Page 1 of 2 (CONTINUED)

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	Name and Address:		
"MGRM" = Managing Member	JOSE ARNULFO MEZA	,e.,	• -
MGRM	4517 W HUMPHREY ST TAMPA, FL 33614		
			-
			- .
			
			 .
(Use attachment if necessary)			-
NOTE: An additional article must be added if an	effective date is requested.		
REQUIRED SIGNATURE:		Z.o	211
Signature of a member or an authorized representative of a member.			PA AL
(In accordance with section 608.408(3), of this document constitutes an affirmation that the facts stated herein are true.)		TARY OF IASSEE, F	ZODA AUG 30 PH

JOSE ARNULFO MEZA

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)