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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECL. DIV. OF STATE  
TALLAHASSEE, FLORIDA

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10/08/04

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**Cover Letter**

**October 4, 2004**

**Registration Section Division of Corporation  
409 E Gaines Street  
Tallahassee, Florida 32399**

**Ref: JAFA Limited Liability Company – Filing request**

Dear Sirs / Dear Madam:

Please let it be known that for the purpose of this filing the contact person and the address are as follows:

**Frank Gutierrez and or Aida Gutierrez  
9913 NW 29<sup>th</sup> Ter  
Miami, Florida 33172  
Tel - 305-477-3364 or 305-490-6815**

If you require additional information please do not hesitate to call.

Sincerely,



**Frank Gutierrez and Aida R. Gutierrez**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jafa Limited Liability Company  
(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:

Aida Gutierrez

(Name of Person)

(Firm/Company)

9913 NW 29th Terrace

(Address)

Miami, Florida 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Frank Gutierrez

(Name of Person)

at ( 305 ) 477-3364

(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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAFA Limited Liability Company

**ARTICLE II - Address:**

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

**Principal Office Address:**

9913 NW 29th Terrace

Miami, FL 33172

**Mailing Address:**

9913 NW 29th Terrace

Miami, Florida 33172

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

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

Aida Gutierrez

Name

9913 NW 29th Ter

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

Miami, FLORIDA 33172

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

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TALLAHASSEE, FLORIDA

**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:**

MGR

Aida Gutierrez

9913 NW 29th Terrace

Miami, Florida 33172

MGRM

Frank Gutierrez

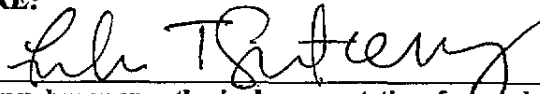
9913 NW 29th Terrace

Miami, Florida 33172

(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.)

Frank Gutierrez

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)