

104000094019

(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



100043392961

12/20/04--01082--007 **125.00

2004 DEC 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

104-94019
JK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARNOLDO VEGA, 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:

ARNOLDO VEGA
(Name of Person)

ARNOLDO VEGA, L.L.C.
(Firm/Company)

5916 N. PACKWOOD Ave.
(Address)

TAMPA, FL 33604
(City/State and Zip Code)

For further information concerning this matter, please call:

ARNOLDO VEGA at (813) 873-7984
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2004 DEC 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARNOLDO VEGA, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5916 N. PACKWOOD Ave.
TAMPA, FL 33604

SAME

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


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

ARNOLDO VEGA
Name

5916 N. PACKWOOD Ave
Florida street address (P.O. Box **NOT** acceptable)

TAMPA FL 33604
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 689, F.S.


Registered Agent's Signature

2014 DEC 20 PM 1:35
SECRETARY OF STATE
ALBUQUERQUE, FLORIDA

FILED

(CONTINUED)

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"

ARNOLDO VEGA
5916 N. PACKWOOD AVE
TAMPA, FL 33604

(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.)

ARNOLDO VEGA
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2004 DEC 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA