

LOS000010903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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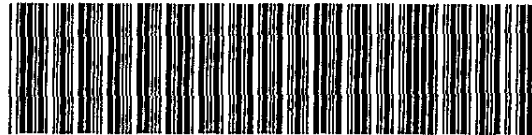
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2005 JAN 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

January 19, 2005

SUBJECT: A & N TRUST, LLC
(Articles of Organization)

Enclosed is an original and one (1) copy of the articles of Organization and a check for: \$ 125.00
Filing Fee, Registered Agent Fee, and Certificate of Status.

From: Jose N Correa
I.C. Accounting & Tax Services
2900 Glades Circle Suite 525
Weston, FL 33327

(954) 217-1207
Daytime Telephone number
Fax (954) 217-1206

Thank You
Jose N. Correa

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

A & N TRUST, LLC

ARTICLE II - Address:

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

Principal Office Address:

1077 SEQUOIA LANE

WESTON, FL 33327

Mailing Address:

1077 SEQUOIA LANE

WESTON, FL 33327

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

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

JOSE N CORREA

Name

2900 GLADES CIRCLE SUITE 525

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

WESTON

FLORIDA 33327

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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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:

MGRM

HERNAN LINARES

1077 SEQUOIA LANE

WESTON, FL 33327

MGRM

VILMA LOPEZ

1077 SEQUOIA LANE

WESTON, FL 33327

(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.)

HERNAN LINARES

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)

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TALLAHASSEE, FLORIDA

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