

L05000015628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

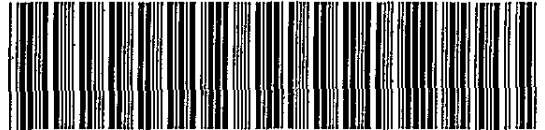
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/04/04--01014--008 **155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sp

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECNHOTEL, LLC.
(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:

Luis F. Ponce
(Name of Person)

TECNHOTEL, LLC
(Firm/Company)

320 S. Flamingo Road, Suite 243
(Address)

Pembroke Pines, FL 33027-1770
(City/State and Zip Code)

For further information concerning this matter, please call:

Georgio L. Ramirez, Esq. at (305) 662-7259
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

W04-41169



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 9, 2004

LUIS F. PONCE
TECNHOTEL, LLC
320 S. FLAMINGO ROAD, SUITE 243
PEMBROKE PINES, FL 33027-1770

SUBJECT: TECNHOTEL, LLC
Ref. Number: W04000041169

We have received your document for TECNHOTEL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide complete street addresses for your managers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 404A00064092

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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:

TECNHOTEL, LLC.

ARTICLE II - Address:

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

Principal Office Address:

320 S. Flamingo Road, Suite 243
Pembroke Pines, FL 33027-1770

Mailing Address:

same as principal office address

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

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

Luis F. Ponce

Name

571 S.W. 142nd Avenue, Suite # 202

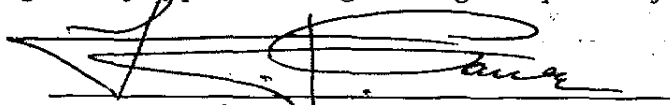
Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines, FL 33027

FL

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, F.S.


Registered Agent's Signature

(CONTINUED)

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

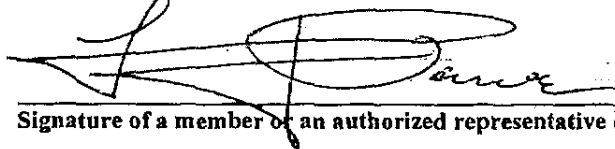
The name and address of each Manager or Managing Member is as follows:

**SEE
ATTACHED**

(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.)

LUIS F. PONCE

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)

\$155.⁰⁰

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TALLAHASSEE, FLORIDA

Rivers, Lee

From: Giorgio L. Ramirez [glramirez@bellsouth.net]
Sent: Tuesday, February 15, 2005 3:25 PM
To: Lrivers@dos.state.fl.us
Subject: Technotel, LLC

Dear Sir or Madam:

On November 1, 2004, I submitted to your office Articles of Organization for Technotel, LLC. along with a check in the amount of \$155.00 payable to the Department of State. Said check was cashed by your office on November 18, 2004. On January 3, 2005, I sent your office a fax requesting the status of Technotel, LLC. Your office responded by indicating that the Department of State required a physical address for the managers/officers. Below is a list of Technotel, LLC.'S managers/officers and their physical address.

1. Maria Teresa Servin - Montevideo # 2324, Asuncion, Paraguay
2. Rene Fischer -Ave. Ricardo Lyon 1601, Oficina # 903, Providencia, Santiago, Chile
3. Luis A. Barrero -1729 S. W. 6 Street, Apt. 3, Miami, FL 33135
4. Angel Vega -1300 S. W. 122 Avenue, Apt. 320, Miami, FL 33184
5. Luis F. Ponce -15143 S. W. 94 Terrace, Miami, FL 33196

If you have any questions with regards to the above, please do not hesitate to contact me. Thank you.

Giorgio L. Ramirez, Esquire
GIORGIO L. RAMIREZ, P.A.
2151 Le Jeune Road, Suite 202
Coral Gables, FL 33134
Office: 305.443.2664
Fax: 305.443.8455

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