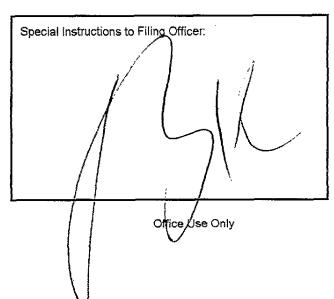
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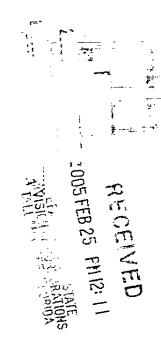
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SECRETARY OF STATE TALLEDRIPA

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1.05-9984 1. BRYAN FFR 2'5 2005 CORPDIRECT, AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

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Examiner's Initials

KATIE WONSCH

DATE:

2/25/05

REF. #:

01260.35249

CORP. NAME: JUAN ALEXIS MUNOZ-BAEZ, 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		
	ITH CHECK# <u>45978</u> FOR \$ <u>12</u> CCOUNT IF TO BE DEBITE	
	COST LI	MIT: \$
PLEASE RETURN:		
() CERTIFIED COPY () C () CERTIFICATE OF STATUS	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 25, 2005

CORPDIRECT AGENTS, INC.

SUBJECT: JUAN ALEXIS MUNOZ-BAEZ, LLC

Ref. Number: W05000009984

We have received your document for JUAN ALEXIS MUNOZ-BAEZ, LLC and your check(s) totaling \$2375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6043.

Joey Bryan Document Specialist

Letter Number: 805A00013435

PLEASE GIVE CINAL SUBMISSION

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DATE AS FILE DATE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: JUAN ALEXIS MUNOZ-BAEZ, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
P. O. BOX 8296	P. O. BOX 8296
KEY WEST, FL 33045	KEY WEST, FL 33045
ARTICLE III - Registered Agent, Registered and the Florida street address of	istered Office, & Registered Agent's Signature: f the registered agent are:

JUAN ALEXIS MUNOZ-BAEZ

Name

8235 Ivis Club #301

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

Naples, FL 34105

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)

AN ALEXIS MUNOZ-BAEZ
). BOX 8296
Y WEST, FL 33045
e date is requested.
e of a member.
Statutes, the execution er the penalties of perjury
a

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)

Typed or printed name of signee