L050000022518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

03/04/05--01011--006   **130.00

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner   DCC
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Upda...

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Verifyer

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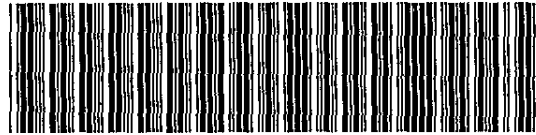
W. P. Verifyer   DCC

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Estevez Family Enterprises, 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:

Robert A. Estevez
_____
(Name of Person)

Estevez Family Enterprises, LLC
_____
(Firm/Company)

1092 Alameda Drive
_____
(Address)

Tallahassee, FL 32317
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Estevez   at (850) 322-8199
_____   _____
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

STREET ADDRESS: MAILING ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
409 E. Gaines Street   P.O. Box 6327
Tallahassee, Florida 32399   Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Estevez Family Enterprises, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

202 West Frierson Avenue
Tampa, FL 33603

Mailing Address:

1092 Alameda Drive
Tallahassee, FL 32317

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

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

Samual J. Ard
<div align="center">Name</div>

207 West Park Avenue, Suite B
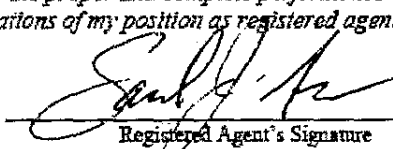<div align="center">Florida street address (P.O. Box NOT acceptable)</div>

Tallahassee, FL 32301   FL
<div align="center">City, State, and Zip</div>

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)

Page 1 of 2

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

Robert A. Estevez
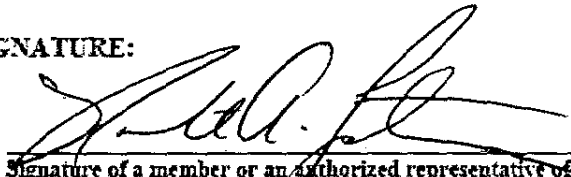1092 Alameda Drive
Tallahassee, FL 32317

MGRM

Jeffrey W. Estevez
203 West Frierson Avenue
Tampa, FL 33603

(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.)

Robert A. Estevez
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)