

LOS0000 47164

(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



200051839082

05/06/05--01032--007 \*\*125.00

05 MAY -6 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SATELLITAS, 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:

HENRY O. ALDANA  
(Name of Person)

ALDANA & ASSOCIATES PSC, LTD  
(Firm/Company)

12221 PARKLAWN DRIVE  
(Address)

ROCKVILLE, MD 20852  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY - 6 AM 11:04

FILED

For further information concerning this matter, please call:

HENRY O. ALDANA at ( 301 ) 770 - 4901  
(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SATELLITAS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

200 NORTH EAST, 2ND DRIVE  
HOMESTEAD, FL 33030

#### Mailing Address:

200 NORTH EAST, 2ND DRIVE  
HOMESTEAD, FL 33030

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

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

JORGE MARTINEZ

Name

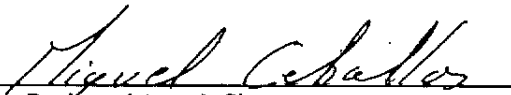
200 NORTH EAST, 2ND DRIVE

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

HOMESTEAD, FL 33030

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)

FILED  
05 MAY -6 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

<u>MGRM</u>	<u>MIGUEL CEBALLOS</u>
	<u>5403 GROVE RIDGE WAY</u>
	<u>ROCKVILLE, MD 20852</u>
<u>MGR</u>	<u>JORGE MARTINEZ</u>
	<u>200 NORTH EAST, 2ND DRIVE</u>
	<u>HOMESTEAD, FL 33030</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


05 MAY - 6 AM 11:09

FILED

(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.)

MIGUEL CEBALLOS  
\_\_\_\_\_  
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)**