# 05000052031

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	_	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer: 5/20 FC CC		

- -

Office Use Only



· - -

05/20/05--01037--021 \*\*160.00





<u>.</u>,

## Luis Ibarra 103 Sanchez Avenue Edgewater, FL 32132 (386) 235-2479

May 18, 2005

4

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed please find a completed Articles Of Organization Application and my check number 159 in the amount of \$160.00 for filing.

Should you have any questions or need further information I can be reached at the above address.

Thank you.

Sincerely,

Luis Ibarra

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:



#### **ARTICLE II - Address:**

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

Mailing Address:

#### **Principal Office Address:**

103 Sanchez Ave. Edgewater, FL 32132	103 Sanchez Ave Edgewater, FL 32132
Edgewater FL 32132	Edgewater FL 32132
J	J

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

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

Jarro Danchez Hve. Florida street address (P.O. Box <u>NOT</u> acceptable) daeu 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.

02 HVA

PH 나:

**Vs** 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:

بر 15 4

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

MGK

ve  $\neg$ 

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:** 

UUU an authorized representative of a member. Signature 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.)

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)

Page 2 of 2

#### TRANSMITTAL LETTER

**Division of Corporations** ruction LLC SUBJECT: (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:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$125.00 Filing Fee
\$1
Certi

` ŤŌ:

Registration Section

Certificate of Status

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