

L 05000056537

(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:

Home
Availability

Document
Number

DOC

Update:

Office Use Only

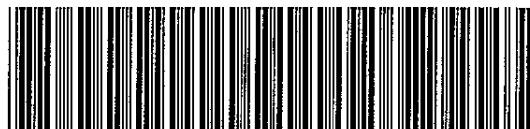
Update
Verityer

Acknowledgement

DOC

W. P. Verityer

DOC



300055506593

05/31/05--01035--013 **125.00

FILED

2005 MAY 31 P 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLMEX PROPERTIES, 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:

ALEYDA MOLINA
(Name of Person)

(Firm/Company)

2012 VISCAYA PKWY.
(Address)

CAPE CORAL, FL 33990
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEYDA MOLINA at (889) 458-3109
(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 .

2005 MAY 31 P 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COLMEX PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

2012 VISCAYA PKWY.
CAPE CORAL, FL 33990

Mailing Address:

2012 VISCAYA PKWY.
CAPE CORAL, FL 33990

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

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

ALEYDA MOLINA

Name

2012 VISCAYA PKWY.

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

CAPE CORAL, 33990

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 606, F.S.

Aleyda Molina J-19-05
Registered Agent's Signature

FILED
2005 MAY 19 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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:

MGR

ALEYDA MOLINA

2012 VISCAYA PKWY.

CAPE CORAL, FL 33990

MGRM

MIGUEL GAMA

23805 TINAS LN.

FT. MYERS, FL 33913

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

 5/19/10
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.)

ALEYDA MOLINA

Typed or printed name of signee

2005 MAY 31 P 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)