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(Requestor's Name)		
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to F	-iling Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Registration Se Division of Co							
SUBJECT: Chilean E	Business Enterprises, L.L.C		mnany)				
	(Name of Limit	a Diability Co	mpung)				
The enclosed Articles of	f Organization and fee(s) are s	submitted for t	ĭling.				
Please return all corresp	ondence concerning this matte	er to the follov	ving:				
Fresia D							
	(Name of Persor	1)				
Chilean Business Er	nterprises, L.L.C.						
	((Firm/Company)				
P.O. Box 26	50601						
		(Address)			ΣS	0	
					<u> </u>	<u>د</u>	
Tamp	a, Florida 33685-0601				芸	₹	ΤŢ
	(City.	/State and Zip C	Code)		SSE	ထ်	
					AHASSEE, FLORIDA	05 JUN -9 PM 1:07	FILED
For further information	concerning this matter, please	call:			<u>.</u>		
18 1		242	507 4220		器	07	
Ken Joyner	of Person)	at (813	597-1329 Code & Daytime Te	Jenhone Number)			
(14mile	011 (1501)	(riica	code & Daytime 10	stephone (valuoer)			
Enclosed is a check fo	r the following amount:						
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & Copy opy is enclosed)	\$160.00 Fi Certificate of Certified Copy (additional copy)	Status &		
STRE	ET ADDRESS:		MAILING A	DDRESS:			
Regist	ration Section		Registration S	ection			
	Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327						
	assee, Florida 32399		Tallahassee, F				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:	
Chilean Business Enterprises, L.L.C.		
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
8408 Lopez Dr.	P.O. Box 260601	
Tampa, Florida 33615	Tampa, Florida 33685-0601	
The name and the Florida street address of Fresia D. Joyner 8408 Lopez Dr.	f the registered agent are: Name	OS JUN -9 PN SECRETALIANASSEE,
	eet address (P.O. Box NOT acceptable)	
Tampa, Florida 33685	FL.	
City, S	State, and Zip	PN 1:07
registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	ed in this certificate, I hereby accept the c pacity. I further agree to comply with th	ove stated limited appointment as pe provisions of all amiliar with and

(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	Julio Villegas
	P.O. Box 260601
	Tampa, Florida 33685
MGR	Fresia D. Joyner
	P.O. Box 260601
	Tampa, Florida 33685
	
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	
4 serva You	ner)
	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
Fresia Joyner	
Туре	d 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)

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