

LOS 0000 61435

(Requestor's Name)

ARGO TAX SERVICES
TROPICAL DREAM REALTY
3900 NW 79TH AVE
BUILDING #6, SUITE 600
DORAL, FL 33166

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

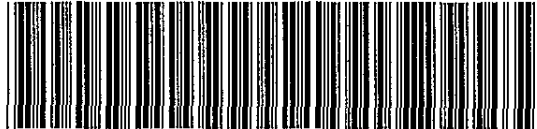
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900051810619

05/02/05--01029--003 **125.00

LOS-61435
OR
FILED
JUN 15 2005
SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C-FACTOR 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:

SALVADOR CUEVAS
(Name of Person)

C-FACTOR ENTERPRISES LLC
(Firm/Company)

PO BOX 824025
(Address)

PEMBROKE PINES, FL 33082
(City/State and Zip Code)

For further information concerning this matter, please call:

SALVADOR CUEVAS at (305) 505-1721
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
JUN 16 PM 2:08
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 4, 2005

ARGO TAX SERVICES
3900 NW 79TH AVE BUILDING 6 S#600
DORAL, FL 33166

SUBJECT: C-FACTOR ENTERPRISES INC LLC
Ref. Number: W05000022702

We have received your document for C-FACTOR ENTERPRISES INC LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are filing a corporation then please remove llc from the corporate name. Or if you are filing an llc then enclosed are the proper forms. Please verify and make the necessary corrections.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 105A00031940

FILED
JUN 14 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

C-FACTOR ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

PO BOX 824025
PEMBROKE PINES, FL 33082

Mailing Address:

PO BOX 824025
PEMBROKE PINES, FL 33082

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

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

SALVADOR CUEVAS (CEO)

Name

14931 SW 20TH ST

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

MIRAMAR, FL 33027-4361

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 608, F.S.


Registered Agent's Signature

(CONTINUED)

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JAN 14 PM 2:03
2014

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:

CEO

SALVADOR CUEVAS

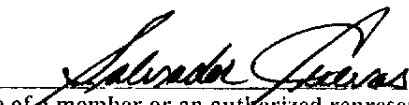
14931 SW 20TH STREET

MIRAMAR, FL 33027-4361

(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.)

SALVADOR CUEVAS

Typed or printed name of signer

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)

2005 JUL 14 PM 2:08
SECRETARY OF STATE
FILED
TALLAHASSEE, FLORIDA