

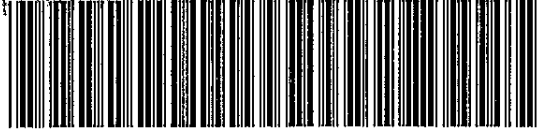
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2005 JUN 27 P 1:42

Sanchez

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



700056517277

(Address)

7150 Via Leonardo

(Address)

Lake Worth, FL 33467

(City/State/Zip/Phone #)

06/27/05--01035--001 \*\$125.00

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(Business Entity Name)

(Document Number)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SANCHEZ & COMPANY, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7156 VIA LEONARDO  
LAKE WORTH, FL 33467

7156 VIA LEONARDO  
LAKE WORTH, FL 33467

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

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

ROBERTO L. SANCHEZ  
Name

7156 VIA LEONARDO  
Florida street address (P.O. Box NOT acceptable)  
LAKE WORTH, FL 33467  
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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

SAMANTHA SANCHEZ  
7150 VIA LEONARDO  
LAKE WORTH, FL 33467

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(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.)

SAMANTHA SANCHEZ  
\_\_\_\_\_  
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)**