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(Requestor's Name)				
(Address)				
(Audiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

TO: Registrati Division							
SUBJECT: ESF	Serv						
		(Name of Limite	d Lia	bility Co	ompany)		
The enclosed Artic	eles of	Organization and fee(s) are s	ubmi	tted for i	iling.		
Please return all co	опеѕро	ndence concerning this matte	ar to 1	the follow	ving:		
		Estrella Suarez Rodrigue	€Z.				
		(1	Name	of Person	1)		
		ESR Services, LLC					
		(Firm/	Company)		
		21335 S.W. 102 Co	ourt				
			(A	ddress)			
_		Miami, FL. 33	3189				
_		(City	/State	and Zip (Code)	·· ···	
For further informa	ation c	oncerning this matter, please	call:				
Estrella :	Suare	z Rodriguez	at (786	344-6601		
		of Person)	(_		Code & Daytime To	elephone Number)	
Enclosed is a che	ck for	the following amount:					
3 \$125.00 Filing	Fee	☐ \$130.00 Filing Fee & Certificate of Status	Ce	rtified (O Filing Fee & Copy opy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:				MAILING A	DDRESS:		
		ation Section		Registration Section			
Division of Corporations 409 E. Gaines Street			Division of Corporations P.O. Box 6327				
Tallahassee, Florida 32399			Tallahassee, Florida 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICE DE N.							
ARTICLE I - Nam The name of the Lir		npany is:					
ESR Services, Ll	_C						
ARTICLE II - Add The mailing address		s of the principal office of the Lin	nited Liability Company is:				
Principal Office A	ddress:	Mailing Address:					
21335 S.W. 102 Cou	rt	21335 S.W. 102 Court	21335 S.W. 102 Court				
Miami, FL. 33189		Miami, FL. 33189					
The name and the Florida street address of the registered agent are: Estrella Suarez Rodriguez Name 21335 S.W. 102 Court							
	Florida street address (P.O. Box NOT acceptable)						
	Miami	FL 33189	_				
	C	City, State, and Zip					
liability compan registered agent an statutes relating t	ny at the place design ad agree to act in th to the proper and co	ent and to accept service of process gnated in this certificate, I hereby a his capacity. I further agree to com complete performance of my duties, on as registered agent as provided	nccept the appointment as ply with the provisions of all and I am familiar with and				
	Registe	Slow Signature	_				
			.± .⇒				
	(1	CONTINUED)	9				

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGR	Estrella Suarez Rodriguez				
	21335 S.W. 102 Court				
	Miami, FL. 33189				
······································					
(Use attachment if necessary)					
NOTE: An additional article must b	e added if an effective date is requested.				
REQUIRED SIGNATURE:					
Estrella	Spolin				
Signature of a member	or an authorized representative of a member.				
of this document constitu	(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.)				
	Estrella Suarez Rodriguez				
Туре	ed 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)