

LOS000096095

LOS-96095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

(Business Entity Name)

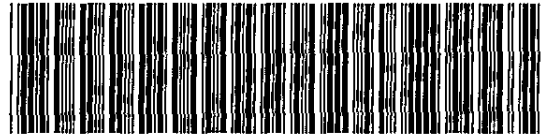
(Document Number)

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09/30/05--01007--003 \*\*125.00

TALLAHASSEE, FLORIDA

05 SEP 30 AM 8:15

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

05 SEP 30 AM 8:10

RECEIVED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISIDRO PALACIOS 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:

ISIDRO PALACIOS  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1007 MONUMENT DRIVE AVENUE  
(Address)

PORT ST. JOE, FL 32456  
(City/State and Zip Code)

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 05 SEP 30 AM 8:15  
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ISIDRO PALACIOS at (\_\_\_\_\_) \_\_\_\_\_  
(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)

Mailing Address  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Street/Courier Address  
 Registration Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ISIDRO PALACIOS LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:**

1007 MONUMENT AVE.  
PORT ST. JOE, FL 32456

1007 MONUMENT AVE  
PORT. ST. JOE, FL  
32456

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ISIDRO PALACIOS

Name

1007 MONUMENT AVE.

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

PORT ST. JOE FL 32456

City, State, and Zip

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ALLIANCE, FLORIDA

*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..*

Isidro Palacios

Registered Agent's Signature (REQUIRED)

(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:**

MGRM

ISIDRO PALACIOS  
1007 MONUMENT AVE.  
PORT ST. JOE, FL 32456

\_\_\_\_\_  
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FILED  
05 SEP 20 3 44 PM '05  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/29/2005 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Isidro Palacios  
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.)

ISIDRO PALACIOS  
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)