

L05000109837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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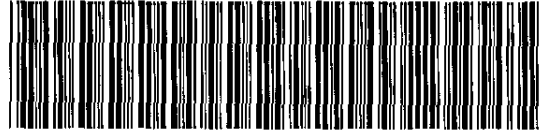
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF JUSTICE

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05 NOV 14 PM 1:10

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CORPORATIONS
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CORAFAL

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05/10/14 PM 1:10
TALLAHASSEE COUNTY

11/11
Requestor's Name

BR
Address

City

State

ZIP

Phone

CORPORATION(S) NAME

Cifuentes & Associates, LLC

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

(X) Other *uc*

() Reinstatement

() Reservation

() Change of Registered Agent

(X) Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

(X) Walk In

() Will Wait

(X) Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Ci Fuentes & Associates, LLC

ARTICLE II - Address: 3878 SHERIDAN ST, HOLLYWOOD FL 33021

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

ARTICLE III - Registered Agent and Registered Office:

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

Amador Ci Fuentes
Name
3878 SHERIDAN ST.
Florida street address (P.O. Box **NOT** acceptable)
HOLLYWOOD FL 33021
City, State and Zip

05 NOV 14 PM 1:10
STATE
TALLAHASSEE, 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.

[Signature]
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

[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.)

Amador Ci Fuentes
Typed or printed name of signee