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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Menoca Enterprises LLC (Name of Limited Liability Company)
(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:
JORGE MeNOCAL (Name of Person)
(Name of Person)
Menocal Enterprises, LLC (Firm/Company)
(Address)
Miami, Fl 33186  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jorge Menocal at 305 387-9/39 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{Certified to of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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 Division of Corporations Clifton Building Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
Menocal Enterprises LLC  (Must end with the words "Limited Liability Company, Limited Company" or their abbreviation "LLC," or "L.C.,")
(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:
10620 SW 134 CT 10620 SW 134 CT Miam, F1 33186
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:
Joage Menocal E B T
Name 💮 🗠
10620 SW 134 CT = 1
Florida street address (P.O. Box NOT acceptable)
Miami Fl 1 33186
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
Jong 1 - 13
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page1of2

Ana Maria S. Menocal 10620 SW 1344 CT Miami Fl 33/86 Jorge Menocal 10620 SW 1344 CT Miami Fl 33/86
Jorge Menocal, 10620 SW 134 CT Miami Fl 33186
filing: (OPTIO fic and cannot be more than five business
al
authorized representative of a member.
8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury e true.)
):

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

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)