

LO6 000079369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

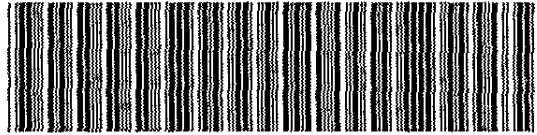
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

0112-8

Office Use Only



400078114624

07/31/06--01023--003 \*\*125.00

FILED

06 AUG 11 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Leary AUG 11 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FERNANDEZ & SENMARTIN, PL  
(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:

GUSTAVO A. FERNANDEZ

(Name of Person)

FERNANDEZ & SENMARTIN, PL

(Firm/Company)

2655 S. LE JEUNE ROAD, SUITE 906

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

GUS FERNANDEZ

(Name of Person)

at ( 305 ) 271-0056

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2006

GUSTAVO A. FERNANDEZ  
FERNANDEZ & SENMARTIN, PL  
2655 S. LE JEUNE ROAD, SUITE 906  
CORAL GABLES, FL 33134

SUBJECT: FERNANDEZ & SENMARTIN, PL  
Ref. Number: W06000034100

We have received your document for FERNANDEZ & SENMARTIN, PL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 506A00048469

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FERNANDEZ & SENMARTIN, PL

(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:

2655 S. LE JEUNE ROAD

SUIRE 906

CORAL GABLES, FL 33134

#### Mailing Address:

2655 S. LE JEUNE ROAD

SUIRE 906

CORAL GABLES, FL 33134

### 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:

GUSTAVO A. FERNANDEZ

Name

2655 S. LE JEUNE ROAD, SUITE 906


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

CORAL GABLES, FL 33134

City, State, and Zip

FILED  
06 AUG 11 PM 4:20  
SECRETARY OF 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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

GUSTAVO A. FERNANDEZ, P.A.

2655 S. LE JEUNE ROAD, SUITE 906

CORAL GABLES, FL 33134

MGRM

GUILLERMO J. SENMARTIN, P.A.

3006 AVIATION AVE., SUITE 4B

COCONUT GROVE, FLORIDA 33133


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 1, 2006. (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.)

**ARTICLE VI:** Purpose of L.L.C.- Purpose of the LLC is to operate as a law firm.

**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.)

GUSTAVO A. FERNANDEZ

\_\_\_\_\_  
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)

FILED  
06 AUG 11 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA