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SECRETARY OF STATE
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COVER LETTER

TO: Registration S Division of C				
SUBJECT: ESTA	TE BANKERS, LLC			
	(Name of Limite	ed Liability Company)	,	. –
	of Organization and fee(s) are s	· ·		
Picase return all corres	pondence concerning this matte	er to the following:		
MICHAEL	E. MARTINEZ			
*************************************	(Name of Person)		* . *
<u> </u>	((Firm/Company)		raziges == j
6970 NW	186 STREET # 30	06	2006	- S
6970 NW 186 STREET # 306		135	E E	
MIAMI LA	KES FLORIDA, 3	33015	P _	PATE I
	(City	/State and Zip Code)	P	-5 <u>-</u> 5 <u>-</u>
For further information	concerning this matter, please	call:	PM 12: 36	STATE
	-		36	Ē,
MICHAEL E. MA		at (786) 942 0180		
(Nam	e of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check f	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 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		

ANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION	OPIDAI	TARRE		
•	FOR FLURIA			
TATE	ON NO.			
ARTICLE 1 - Name: ARTICLE 1 - Name: The name of the Limited Liabilithe name of the Limited Liabilithe words "Limited" (Must end with the words "Limited")				
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ARTICIA inbi	lity Conspans	igio	A "LILL"	. o-
TOTE I - Namited Line		or their abbies	Company	(2)
ARTICLE 1 - Name: The name of the Limited Liabi	mited Cor	ubany	and Liability Co	
Thenan	Company, "Umar	s the Li	mited -	
ARTICLE I - Name: The name of the Limited Liabi The name of the Limited Liabi The marine of the Limited Liabi Must end with the words "Limited II" ARTICLE II - Address: The mailing address and	iability	inal office of an		
ESTATE BANK Words "Link	c the prin	cipa		
Must end with the Address: ARTICLE II - Address and mailing address and	address of division	Mailing Agui	# 306	
TEII - Address	street ar	MAG STRE	T # 33015	* * * -
		-00 MA 151 F	31 mars	
The maning	255:	MIAMILAN	Signatur	er
The mailing address of the Principal Office Addr	30		Agent sidual or anou	_
Principia	300	& Reg	steromate an inc.	20
Principal One 6970 NW 186 STREET #	4 330	red Office, You mi	181.00	8 700
6970 NW 186 STREET #	nt Regist	Registered Age		25 25
Mila	stered Agents own	ad age	nt are.	DING SEP 11
-FIII-B	egistered Agent. Regist Company cannot serve as its own nactive Florida registration.) nactive Florida street address ne Florida street AMARTI	che registeren	istered Agent's Signatur's stered Agent's Signatur's designate an individual or another are:	NECEE TARY ARTOR ATTA
ARTICLE	n active Florica	Of III		PH 12; 36
(The Limited with	arida street au	NEZ		70 8
business and the	18 FILL	Matte	nacceptable)	
The name are	MICHALD	# 306	Box NOT I	0
				inted lim
	MICHAELE: MICHAE	rida street	Box NOT receptable) 3015 of service of process for the retificate, I hereby accept the retificate of my duties, and further agree to comply who for agent as provided for agent as provided for agent as provided for agent agent as provided for agent agent as provided for agent ag	above stament
		The state of the s	C 404 (3) 100 " . 102)	he appointision
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		COT	(TINUED)	
		Pa	\$10 ¹²	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
ESTATE BANKERS, LLC		
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC," or "	L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
6970 NW 186 STREET #306	6970 NW 186 STREET #306	
MIAMI LAKES FLORIDA, 33015	MIAMI LAKES FLORIDA, 33015	· · · · · · · · · · · · · · · · · · ·
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Sig	or another
The name and the Florida street address	of the registered agent are:	2006
MICHAEL E. MARTII	NEZ	S 50
	Name	OIVIS CHOF .
6970 NW 186 STRE	EET #306	- 3

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.

City, State, and Zip

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

33015

Registered Agent's Signature (REQUIRED)

MIAMI LAKES

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MICHAELE MARTINEZ "MGR"	6970 NW 186 STREET #306	
	MIAMI LAKES FLORIDA, 33015	
JULIANA A. GOMEZ "MGMR"	7165 NW 186 STREET APT # A- 309	
	MIAMI LAKES FLORIDA, 33015	-
		- Line of the second
		·

		31 (0 as <u>see</u>).
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	e date of filing: (OPTI be specific and cannot be more than five busines	IONAL) is days prior
REQUIRED SIGNATURE:		
In accordance with so of this document continuate the facts stated JULIANA A. GOME	·	2006 SEP 11 PM.12: 36
Filing Fees:	en e	36

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)