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(Reque	estor's Nam e)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s_of Status
Special Instructions to Filir	ng Officer:	
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SECRETALY COSTAIN

SECRETALY COSTAIN

SE CONTENT OF THE PROPERTY

COVER LETTER

TO:		stration Se	ection rporations						
SUBJI	ECT:	-	ATHAC	FE	GEDNITE	GuA	MAR	BLE	رر
- 4-0-	•		(Na	ame of Limit	ed Liability Company)				
The en	closed .	Articles o	f Organization a	nd fee(s) are	submitted for filing.				
Please	return a	all corresp	ondence concern	ning this mat	ter to the following:				
		<u> </u>	SER6	io ?		?ez			
					(Name of Person)	4			
		S	ONTA F	E 60	ANITE ANT	D HA	んみんき	ىدە	` _
		-			(Firm/Company)				
		174	45 SW	CR	138				
	_				(Address)				
		FC	DRT WH	ITE	FLORIDA	320	⊃ 38		
			A 1.0	(Ci	ty/State and Zip Code)				
For fur	ther inf	formation	concerning this i	matter, pleas	e call:				
		_	_	-			_	_	
<u>Ser</u>	<u>6i0</u>		<u>390) o</u>	2	_at (_386) _4 (Area Code & I	454 -	<u> </u>	2_	
		(Name	of Person)		(Area Code & L	Jaytime Tel	epnone Numi	oer)	
Enclos	sed is a	check fo	or the following	g amount:					
□\$125	5.00 Fi	ling Fee	\$130.00 F Certificate of		\$155.00 Filing Certified Copy (additional copy is end		\$160.0 Certificate Certified (additional c	of Statu Copy	ıs &
			Mailing Addu Registration S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	Street/Courie Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	ection orporation: ng /e Center (

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

			_	-						
SAN'	F A7	e es	FIUA	TUG.	MARBU	√€	د د		_	
(Must end with the v	words "L	imited Liabilit	y Company,	"Limited	Company" or thei	r abbrevi	ation "LL	C," or "L.C	,")	
ARTICLE II - The mailing ad			ddress of	the pri	ncipal office o	f the Li	imited	Liability	Comp	any is:
Principal Offic	ce Add	ress:			Mailing Add	ress:				
1745 SW F.W. F			······································	-	1745 F.W.			138 38.		
ARTICLE III (The Limited Liability business entity with	ity Comp	any cannot ser	ve as its ow	stered (Office, & Reg	istere c ist design	l Agen	t's Signa dividual or a	mother	
The name and t	the Flo	rida street	address o	f the re	gistered agent	are:		LLLA	06 007	
		56126	AS OI		Coles	•		HASS	7 -6	
				Name				, Hi	- 	ED
		1745	รพ	CR	138			FLO	<u>.</u>	
			Florida st	reet addr	ess (P.O. Box NO	OT accer	otable)	2 2	₽ ₣	•

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)

City, State, and Zip

FORT WHITE

(CONTINUED) Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	SERGIO PABLO LOPEZ 1745 SW CR 138 FORT WHITE FL 32038.
MGRM	Maria Poola Laurito 1745 Su CR 138 FORT WHITE FL 32038
<u></u>	
	
LE V: Effective date, if other ective date is listed, the dat	r than the date of filing: (OPTION e must be specific and cannot be more than five business date
Use attachment if necessary LE V: Effective date, if other fective date is listed, the dat days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: (OPTION e must be specific and cannot be more than five business day)
LE V: Effective date, if other ective date is listed, the dat days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: (OPTION e must be specific and cannot be more than five business day)

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)