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SECRETARY OF STATE FALLAHASSEE, FLORIDA

COSTROY OF STATE

# **COVER LETTER**

TO:	Registration S Division of Co						
SUBJ	ECT: E&K		d Liability Compa	my)		<del></del>	
The er	aclosed Articles o	of Organization and fee(s) are s	ubmitted for filing	<b>,</b> ,			
Please	return all corresp	oondence concerning this matte	er to the following	:			
	DAINTRIA	MCCLURE					
		(	Name of Person)				
	LAW OFFI	CE OF DAINTRIA M	ICCLURE				
			(Firm/Company)				0
	98 SOUTI	-I STREET				图	06 DEC -1 AM 11: 46
			(Address)			五	1
	WESTBO	ROUGH, MA 0158	31			SEE. O ASS	呈
		(City	/State and Zip Code	)		FLOT	
For fu	ther information	concerning this matter, please	call:			哥哥	94
DAIN	ITRIA MCCI		at (	275-015	8		
	(Name	e of Person)	(Area Code	& Daytime T	elephone Number)		
Enclo	sed is a check fo	or the following amount:					
		\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$\begin{align*} \begin{align*} \sqrt{160.00} \text{ Filing Fe} & \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		tatus &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns		

# FILE

# ARTICLE I - Name: The name of the Limited Liability Company is: E & K V, LLC (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: 63 RIDGEWOOD ROAD WORCESTER, MA 01606

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

business entity with an active Florida registration.)

MARIA E. GADEA TEIJEIRO

Name

11835 SW 19 LN, APT 148

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

MIAM!

FL 33175

City, State, and Zip

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 anothern

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

MARIA S. VALDES
63 RIDGEWOOD ROAD

WORCESTER, MA 01606

MGRM

JUAN C. VALDES
63 RIDGEWOOD ROAD

WORCESTER, MA 01606

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (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.)

## **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.)

MARIA S. VALDES

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)