

Feb 09 07 08:23a

Esther Martinez

9543858959

1  
L07000015504

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000301796 3)))



H060003017963ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.  
Account Number : 120030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LUIS NARANJO C.A. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

*(Handwritten signature)*

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
07 FEB -9 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
07 FEB -9 AM 10:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H060003017963

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LUIS NARANJO C.A. LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**3899 Cascade TerraceWeston FL, 33332**Mailing Address:**3899 Cascade TerraceWeston FL, 33332**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Esther Naranjo

Name

3899 Cascade TerraceFlorida street address (P.O. Box **NOT** acceptable)Weston,FLORIDA 33332

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, Florida Statutes.*

Esther Martinez

Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

H060003017963

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB - 9 AM 10:10

H 06 000 3017963

**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:**

MGR

Rafael Naranjo

2510 Fonseca Court. #110

Wesley Chapel FL, 33543

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.****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.)

Rafael Naranjo

Typed or printed name of signer

**Filing Fees:****\$100.00 Filing Fee for Articles of Organization****\$ 25.00 Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

H 06 000 3017963