## L07000058396

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SECRELAND CHARACT

## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: SIN DI	ISTANCIAS LLC			
		d Liability Compa	ıny)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing	<b>3</b> .	
Please return all corresp	ondence concerning this matte	r to the following	:	
KARLA G	ALEANO			
	(1	Name of Person)		
SIN DIST	ANCIAS LLC			
	(	Firm/Company)		
10773 N\	<i>N</i> 58TH ST #174			
		(Address)		
MIAMI, F	- <del></del>			
	(City,	State and Zip Code	•)	
For further information	concerning this matter, please	call:		
KARLA GALEA	ANO	at ( 305	310-149	90
(Name of Person)			& Daytime To	elephone Number)
Enclosed is a check fo	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fice Certified Copy (additional copy)	y	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ecutive Center	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<b>,</b>
The name of the Limited Liability Company is:	•
0111 010741101401110	
SIN DISTANCIAS LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
The maning address and select address of the pri	neipar office of the Elimited Elability Company is.
Principal Office Address:	Mailing Address:
10773 NW 58TH ST #174	10773 NW 58TH ST #174
MIAMI, FL 33178	MIAMI, FL 33178
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
KARLA GALEANO	AH FI
Name	FILED PH
10773 NW 58TH ST #17	egistered agent are:  SECRETANASSEE, FLORI  ress (P.O. Box NOT acceptable)  FILE D  FILE D
Florida street add	ress (P.O. Box NOT acceptable)
MIAMI, FL 33178	FL Dr. —
City, State, an	

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:	Name and Ad	dress:	
"MGR" = Manager "MGRM" = Managir	g Member		
MGRM	KARLA GALE	ANO	
	10773 NW 58TH	I ST #174	
	MIAMI, FL 331	78	
MGRM	JOSE AGUILA	R	
	10773 NW 58T	H ST #174	
	MIAMI, FL 3317	8	
			,
	·		
(Use attachment if ne	cessary)		
CLE V: Effective date.	if other than the date of filing:	(OPTIONAL	)
effective date is listed,	the date must be specific and cannot	ot be more than five business days	
O days after the date o	f filing.)	70.0	
		ALL ALL	
REQUIRED SIGNA	TURE:	AC S	-
		SS -	三
X	onto gaperaus.	CKE FAIR OF STATE OF A PH 2: 0  Presentative of a member.	FILED
	ature of a member or an authorized rep	presentative of a member.	
òft	accordance with section 608.408(3), Florical states an affirmation unat the facts stated herein are true.)	la Statutes, the execution $\bigcirc rri -$	
K	RLA GALEANO		
-	Typed or printed name of		

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)