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COVER LETTER

Division of Corpo			
SUBJECT: Villar &	Villar, LLC		
		l Liability Company)	
The enclosed Articles of O	rganization and fee(s) are su	abmitted for filing.	
Please return all correspond	dence concerning this matte	r to the following:	
Mailyn Villa			
	1)	Name of Person)	0, 7, 8,
Villar & Villa	ar, LLC		
	(1	Firm/Company)	1 0
3451 SW	170 Avenue		OT JUH -4 PH 2: 43
		(Address)	43
Miramar, F	FL 33027		5
<u> .</u>		(State and Zip Code)	
For further information cor	ncerning this matter, please	call:	
Mailyn Villar		at (305) 495-11	96
(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
1-1-6-		
Villar & Villar, Jrc.		
	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 Liability Company is	s:
Principal Office Address:	Mailing Address:	
3451 SW 170 Avenue	3451 SW 170 Avenue	
Miramar, FL 33027	Miramar, FL 33027	
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Mailyn Villar	Mailing Address: 3451 SW 170 Avenue Miramar, FL 33027 gistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or another of the registered agent are:	ECRETARY OF ST
	Name ?	Z
3451 SW 170 Av	venue	SKO
Florida	street address (P.O. Box NOT acceptable)	
Miramar	FL 33027	
Cit	y, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limite ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of applete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	all
Registered Agen	t's Signature (REQUIRED)	

(CONTINUED) Page 1 of 2

<u>Title:</u>		Name and Address:	
"MGR" = Mai	nager		
"MGRM" = N	lanaging Member		
MGR		Mailyn Villar	
		3451 SW 170 Avenue	
		Miramar, FL 33027	
MGRM		Michael Villar	
		0.454 0141 470 4	
		Miramar, FL 33027	っ う
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(Use attachme	nt if necessary)		
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CLE V: Effective date is 0 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a memb (In accordance with see of this document constant the facts stated	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury herein are true.)	NAL)

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)