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SECRELAIN OF STATE
TAIL AHASSEE, FLORIDA

GEPAKTICNT OF STATE VISION OF CORPORATION TALLAHASSEE, FLORING

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Luis A Hernandez - A.L. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis A. Hernandez (Name of Person)
(Name of Person) Luis A Hernandes (Firm/Company)
161 DILL THOIR Rd (Address)
Barubye 6A. 39819 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (279) 400 - 2917 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status ρ \$130.00 Filing Fee & ρ \$155.00 Filing Fee & ρ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building . 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Baimbridge 6A. 39819 Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r Lus A. Herry Name 1170 Sporse Florida street add Quinary City, State, a	dress (P.O. Box NOT acceptable)

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)

The name and add	lress of each Manager	or Managing Member is as follow	s:
Title: "MGR" = Manage "MGRM" = Mana		Name and Address:	
MERM	_	Luis A. Herna. 161 Dear Trail Baimbrige GA. 3	nder- 12 d. 9819
	- .		
			<u></u>
(Use attachment i	f necessary)		
	sted, the date must be	ate of filing:e specific and cannot be more the	
REQUIRED SIG	SNATURE:	·	O7 JUN -6 SECKLIAN TALLAHAS
*	Lus A HM Signature of a member of	r an authorized representative of a me	
	of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execues an affirmation under the penalties of pin are true.) Hernande 7 I or printed name of signee	
Filing Fees:			

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)