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OF SOCIAL STA DIVISION OF CORPORAL TALLAHASSEE, TLOR

TO SEVEN

W7-74684

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 1. MTILE CEFAMIC			
(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:			
JULIAN HERMONDEZ			
(Name of Person)	•		
(Firm/Company)			
2100 Apalachee PKWY # SE (Address)			
TOLLAHOSSEE FL 32301 (City/State and Zip Code)			
For further information concerning this matter, please call:			
at (850 ) 576 21 24 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\infty\$\$\forall \$130.00 Filing Fee & \$\infty\$\$\$\$\$\$\sqrt{\$\sq}}}}}}}}}}}\$}\$}\$}}}}}}}}}}}}}}}}}}}}			
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)			
Mailing Address  Street/Courier Address  Pagistration Section  Project Sec			
Registration Section Registration Section	1		
Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Clifton Building Tallahassee, FL 32301 Tallahassee, FL 32301	Ö		

## 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, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
2100 Spalachee PKWY#SE TOLLAHASSEE FL 32301	3100 Apalachee PKWYHSE TALLAHDSSEE FL 32301		
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 another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Julian HERNANDEZ Name			
2100 Spalachee PKWY # SE Florida street address (P.O. Box NOT acceptable)			
TALLAHLOSEE FL 32301 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, F.S  Registered Agent's Signature (REQUIRED)  (CONTINUED)			
(CONTIN Page 1 of	OED)		

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Julian Hernandez 2100 Soulachee PKWY # SE (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.) Ulian HERWANDEZ 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)