

L07000076290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600095493736

07/25/07--01007--001 **51.25

05/04/07--01003--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 24 AM 9:00

W07-21882
BRYAN MAY 7 2007

JB

CF # 78.75



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2007

ELVIS VAZQUEZ
8520 SW 133TH AVE RD #307
MIAMI, FL 33183

SUBJECT: DRAFTING CONSULTANT SERVICES, LLC
Ref. Number: W07000021882

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 24 AM 9:00

We have received your document for 'DRAFTING CONSULTANT SERVICES, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$51.25.

You completed the wrong form,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 307A00031779

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 24 AM 9:00

M E M O

| | |
|----------------------|-----------------------------|
| Date: | July 16, 2007 |
| Send to: | Florida Department of State |
| Attention: | Joey Bryan |
| Phone number: | (850)245-6043 |
| Reference: | New Application |
| From: | Elvis Vazquez |
| Cell: | (786)443-8238 |

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER:

Comments:

In reference to the application for the New Company to be known as "Drafting Consultant Services, LLC" please find attached the following items:

- ✓ Copy of your letter (for reference).
- ✓ Check for the amount of \$51.25 to complete the fee for the "LLC"
- ✓ Complete application for the LLC

Thank you for your time and attention, if you have any question or comment do not hesitate to call my number.

Elvis Vazquez
8520 SW 133 Ave Rd # 307
Miami, FL 33183



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Drafting Consultant Services, LLC
(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:

Elvis Vazquez
(Name of Person)

(Firm/Company)

8520 SW 133rd Ave Rd #307
(Address)

Miami, FL 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

Elvis Vazquez at (786) 543-8238
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
07 JUL 21 AM 9:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Drafting Consultant Services, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

7870 W 28 Ave #207
Hialeah, FL 33018

Mailing Address:

8520 SW 133 Ave Rd #307
Miami, FL 33183

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:

Elvis Vazquez
Name

8520 SW 133 Ave Rd #307

Florida street address (P.O. Box NOT acceptable)

Miami FL 33183

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)

Page 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 24 AM 9:01

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

Elvis Vazquez
8520 SW 1133 Ave Apt 307
Miami, FL 33183

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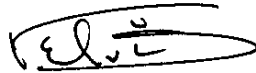
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DIVISION OF CORPORATIONS
07 JUL 24 AM 9:01

(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.)

Elvis Vazquez

Typed or printed name of signer

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)