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# **COVER LETTER**

Division of Co			
SUBJECT:	Name of Limited L	iability Company)	<u>i</u>
The enclosed Articles of	f Organization and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	the following:	
Do	Miel B	ust aman	te
	(।२वत	ne of Person)	07 S SEL, TALLA
	(Fin	n/Company)	EP 2
1740	Burge	andy Bl	ng ser s
Tall	a hassee (City/Sta	F 1 3 te and Zip Code)	ス で こ で こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ こ
For further information	concerning this matter, please call	;	
Beatriz (Name	Bustamantat of Person)	(Area Code & Daytime Tele	-701(g.
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & □: Certificate of Status	\$155.00 Filing Fee & S 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 C	S

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, "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:		
1740 Burgandy Alld Tallahassee Fl 32203	1040 Burgo Tallabassee	Andy B	303 1119
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registrations)  The name and the Florida street address of the  Daniel Portage  Name  Florida street address  Gity State	registered agent are:  Control  Control		

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 address of each Man	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGRM	Daniel Bustamante 1940 Bursandy Blid Tallahassee Fly 32303
MGRM	Beatriz Bustamanke 1940 Burgandy Blyd Tallahassee F1 32303
	T SEP 25 AM
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the control of the date of the date of filing.)  ARTICLE V: Effective date, if other than the date of filing.)	ist be specific and cannot be more than five business days
REQUIRED SIGNATURE:	en e
	Bus Auman Ao ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)

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

Typed or printed name of signee