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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2007 SEP 24 PM 2: 21 SECRETARY OF STATE

107-91660

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: Ayme	e M. Correa L.L	C	
	(Name of Limit	ted Liability Company)	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
Aymee N	1. Correa		
<del></del>		(Name of Person)	
		(Firm/Company)	
16243 S	W 53 Terr.		
		(Address)	
Miami, F	l. 33185		
	(Cit	ty/State and Zip Code)	
For further information	concerning this matter, please	e call:	
Aymee M. Co	orrea	at ( 305 ) 220-6051	
<del></del>	e of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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	) ,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Aymee M. Correa L.L.C  (Must end with the words "Limited Liability")	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16243 SW 53 Terr.	16243 SW 53 Terr.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results.	ered Agent. You must designate an individual or another
Aymee M. Correa	
16243 SW 53 Terr	ress (P.O. Box <u>NOT</u> acceptable)
Miami, Fl. 33185	
City, State, as	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S. are (REQUIRED)

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Me

Title:		Name and Address:	
"MGR" = Man "MGRM" = M	nager Ianaging Member		
		Aumon M. Corres	
MGR		Аутее М. Соггеа 16243 SW 53 Тегт.	
		Miami, Fl. 33185	<del></del>
	<del></del>		
			·
<del></del>	<del></del>		····
•	nt if necessary)		(OPTIONAL)
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CLE V: Effective frective date is to days after the	e date, if other than the listed, the date must	he date of filing:  be specific and cannot be more than five b	(OPTIONAL) usiness days
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Page 2 of 2

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