# 107000/18721

(Re	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
<u>(В</u> и	isiness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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W07000D	56035	

Office Use Only

EFFECTIVE DATE 11-08-07



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O7 MOV 13 PN 3: N9
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# **COVER LETTER**

TQ:	Registration Division of C	Section Corporations			
SUBJ	JECT: S	(Name of Limit	ed Liability Company)	· ————————————————————————————————————	
The e	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	e return all corres	pondence concerning this mat	ter to the following:		
	SILVANA	P GONZALEZ		·	
•			(Name of Person)		
	SVG	L.L.C.			
			(Firm/Company)	7	
	2172 NW	29TH AVE		07 SEC	
			(Address)	AHA AHA	ē
	MIAMI, F	LORIDA 33142		ASSET 3	2.5
		(Cit	y/State and Zip Code)	PH F	gi"
For fu	urther information	n concerning this matter, pleaso	e call:	3: NO STATE LORIDA	Sec.
SIL	VANA P G	ONZALEZ	at ( 305 ) 401 7470	)	
	(Nam	ne of Person)	(Area Code & Daytime Telep	ohone Number)	
Enclo	osed is a check t	for the following amount: •			
]\$125	5.00 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 Ci Tallahassee, FL 32301	rcle	



### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2007

SİLVANA P. GONZALEZ 2172 NW 29TH AVE MIAMI, FL 33142

SUBJECT: SILTON, LLC Ref. Number: W07000056035 07 NOV 13 PH 3: ng
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SILTON, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P03000104622.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 407A00065792

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SVG L.L.C.	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2172 NW 29TH AVE	2172 NW 29TH AVE
MIAMI, FLORIDA 33142	MIAMI, FLORIDA 33142
The name and the Florida street address of the re	egistered agent are:
VLADIMIR GONZALI	EZ ÉÉ 9
Name	AHL NOV
2172 NW 29TH AVE	CO CO Figure
	ress (P.O. Box NOT acceptable)
MIAMI, FLORIDA 33	
City, State, as	nd Zip STATE ORIDE
liability company at the place designated in th	accept service of process for the above stated limited as 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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

### 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 M	mber
MGR	SILVANA P GONZALEZ
<del></del>	13431 OLD SHERIDAN ST
	SW RANCHES, FLORIDA 33330
(Use attachment if necess	ry)
`	•
CLE V: Effective date, if o	er than the date of filing: 11/8/07 . (OPTIONAL)
CLE V: Effective date, if o	er than the date of filing: 11/8/07 (OPTIONAL) ate must be specific and cannot be more than five business days prio
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CLE V: Effective date, if o effective date is listed, the o days after the date of fili REQUIRED SIGNATU Signature (In according this difference of this difference date)	er than the date of filing: 11/8/07 (OPTIONAL)  ate must be specific and cannot be more than five business days prior  g.)  E:  of a member of an authorized representative of a member.  ance with section 608.408(3), Florida Statutes, the execution

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)