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SECRETARY OF STATE
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COVER LETTER

Division of Co					
_{SUBJECT:} Hispa	noAmerica Multise	ervices Ltc.			
SUBJECT:	(Name of Limited L				
The enclosed Articles o	f Organization and fee(s) are sub-	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
Alex Vela	Alex Velasquez				
		me of Person)			
A	(Fir	m/Company)	TAS 20		
38642 10			2001 DEC SECRETA		
		(Address)	13 SSE		
Zephyrhi	lls,Florida 33542		FF S		
	(City/St	ate and Zip Code)	D 3: 20 P 3: 20 E, FLORID		
For further information	concerning this matter, please cal	II:	<i>I</i>		
Alex Velasqu	IEZ at	813 843-78°	14		
(Name	of Person)	(Area Code & Daytime Tele	ephone Number)		
Enclosed is a check for	or 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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
HispanoAmerica Multiservices (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1423 S.Collins Street Plant City, FL 33563	38642 10 Ave Zephyrhills FL ,33542
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration Alex Velasquez Name 38642 10th Ave Florida street address of the Plorida Street address of the Registration.	tered Agent. You must designate an individual or another

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 Alent's Signature (REOURED)

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

The name and address of each Manager or Managing Member is as follows:

MGRM	Alex Velasquez 38642 10th Ave,Zephyrhills Florida,33542
	TALL STORE TO THE STORE TH
	AHASSE 13
	FIST W
	20°
(Use attachment if necessary)	
• • •	ne date of filing: 12/11/2007 . (OPTION

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.)

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)