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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: LU	(Name of Limite	Tierrez LL ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
Luis	A GU	Herrez (Name of Person)	,
		(Firm/Company)	
20 T	illMan Rd	(Address)	
Quinc	y F1 3235	2 v/State and Zip Code)	
	concerning this matter, please		
Luiz G	of Person)	_ at (<u>\$50</u>) <u>\$79</u> & (Area Code & Daytime Tele	0095 phone 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

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The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Mailing Address:	
20 TillMan Rd Quincy FL 32352	
1 Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another	
registered agent are:	
eRRez AF B	I
SSS 18	-
Rd Be B	
FL 32352 5= 7	
1	20 TillMan Rd Quin (Y File 32352 1 Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another registered agent are: PROPER 2 Rd dress (P.O. Box NOT acceptable)

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 Mana	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mGRM	Luis A GutieRRez 20 Tillman Rd Quincy FZ 32352
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must orior to or 90 days after the date of filing.)	ne date of filing: 12/18/07. (OPTIONAL) st be specific and cannot be more than five business day.
REQUIRED SIGNATURE:	
Signature of a memb	Ji (Nu2 per or an authorized representative of a member.
(In accordance with so of this document cons that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury 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)

P · GuticHcz

Typed or printed name of signee