## L0800012676

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	Meaning Act	tion LLC.	
	(Name ALimited Liabi	lity Company)	
The enclosed Articles of	Organization and fee(s) are submitte	ed for filing.	
Please return all correspo	ondence concerning this matter to the	following:	
Solu	sera Castro C	Le Doisquez f Person)	
Solo	veia Casta	ole Vasquez	
	(Firm/C	ompany)	
3420		2 Iress)	
Holly	· · · · ·	10023 nd Zip Code)	
For further information c	oncerning this matter, please call:		
Solves Osta (Name o	of Person)	(Area Code & Daytime Telephone	025 Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	Certificate of Status Cer	rtified Copy Certificational copy is enclosed) Certificational copy is enclosed)	.00 Filing Fee, ificate of Status & ified Copy tional 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	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
3420 GW 47 DVG Hollywood Fl 33023
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
gistered agent are:
Ale Us Que Secretable)  Ale Us Que Ses (P.O. Box NOT acceptable)  FL 33023  d Zip

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)
Page 1 of 2

ARTICLE IV-Manager(s) or No. The name and address of each M	nager or Managing Member is as follows:
Title:  "MGR" = Manager  "MGRM" = Managing Member	Name and Address:
MCRM	solveig laistro de beque
MGRM	Ruth Yurizza 4511 sub 41 st 4011/400000 FL 33023
(Use attachment if necessary)  ARTICLE V: Effective date, if other than (If an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing:
REQUIRED SIGNATURE:	
	iber or an authorized representative of a member.
of this document co	rection 608.408(3), Florida Statutes, the execution of stitutes an affirmation under the penalties of perjury and herein are true.)  Typed or printed name of signee
Filing Fees:	O DE
\$125.00 Filing Fee for Articles of O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
	Page 2 of 2