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TALL AHASSEE FLORION

D. BRUCE

APR 28 2008

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: FUELS BROKERS. Com 2 LC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
CAlev Jimenez (Name of Person)
FUELS BROKERS. COM, LLC. (Firm/Company)
3810 Inverrary Blud-Suite 102-i
Causen Hill, F1 33319 (City/State and Zip Code) Ass &
For further information concerning this matter, please call:
CAle V Jimencz at (954) 861-103 270 P (Area Code & Daytime Telephone Number) 32 State Stat
5.00 Filing Fee \$\sum \\$130.00 Filing Fee & \sum \\$155.00 Filing Fee & \sum \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$\sum \\$200 \text{Certified Copy} \text{(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:

FUELS BROKERS. COV (Must end with the words "Limited Liabili	n, 246,
(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:
3810 INVERILARY Blud. Suite 102-i LauperHill Fl 33319	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature ered Agent. You must designate an individual or another and the signate and individual or another and signature ered Agent.
The name and the Florida street address of the remainder	egistered agent are: IMENEZ ROAT ROSTATI SUBJECT RESS (P.O. Box NOT acceptable) FL 33319 and Zip
38 10 Inverna Florida street addi	ess (P.O. Box NOT acceptable)
LAUDERHIII City, State, an	FL 33319 1d Zip
liability company at the place designated in th	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

Registered Agent's Signature (REQUIRED)

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..

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

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

. <u>Title:</u> "MGR" = Mana "MGRM" = Ma	ger	Name and Address:	
MRG		CAlev Jimenez 3810 ENUCRAAT Blud LAUDER(HILL, FC 333	suite loa_ _19
	<u> </u>		
(Use attachment	• ,		-
		of filing: cific and cannot be more than tive busines	IONAL) ss days prior
<u>REQUIRED</u> SI	GNATURE:		
	Signature of a member or a	an authorized representative of a member.	S
	(In accordance with section to of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)	8 APR 2

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)