L08000054593

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

Office Use Only



300130521283

06/02/08--01016--023 ++1

**130.00

SECRETARY OF STATE
TALL AHASSEE FLORIDA



COVER LETTER

TO:	TO: Registration Section Division of Corporations						
SURJECT: JESUS CANOVAS, LLC							
SUBJECT: JESUS CANOVAS, LLC (Name of Limited Liability Company)							
The e	nclosed Articles o	f Organization and fee(s) are s	submitted for filing	g.			
Please	e return all corresp	condence concerning this matte	er to the following	<u> </u>			
	JESUS CA	ANOVAS					
			Name of Person)				
	(Firm/Company)						
	4537 25TH AVE SW						
	(Address)						
	NAPLES, FL 34116						
(City/State and Zip Code)							
For further information concerning this matter, please call:							
JESUS CANOVAS			at (239	682-6942			
	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclo	sed is a check for	or the following amount:					
\$125	5.00 Filing Fee \$\sum \$\subset\$\$\						
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exe	courier Address cion Section of Corporations Building ecutive Center Circle see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:			
JESUS CANOVAS, LLC				
(Must end with the words "Limited Lia	ibility Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address:				
The mailing address and street address of the	principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
4537 25TH AVE SW	4537 25TH AVE SW			
NAPLES, FL 34116	NAPLES, FL 34116			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.) The name and the Florida street address of the	7AS 88			
JESUS CANOVAS				
Nan	ne ASS			
4537 25TH AVE S	W address (P.O. Box NOT acceptable)			
	芝 ア の			
NAPLES,	FL 34116 GM 9			
City, State	e, and Zip			
Having been named as registered agent and t	to accept service of process for the above stated limited			

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)

$\label{eq:ARTICLE IV-Manager} \textbf{ARTICLE IV-Manager}(s) \ \textbf{or Managing Member}(s) :$

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

Title:		Address:	
"MGR" = Manager "MGRM" = Manag			
"MGR"	JESUS CAN	OVAS	
	4537 25TH	AVE SW	
	NAPLES, F	L 34116	
<u> </u>			
			
			 _
(Use attachment if	necessary)		
ARTICLE V: Effective da	te, if other than the date of filing:		(OPTIONAL)
If an effective date is liste o or 90 days after the dat	d, the date must be specific and c	annot be more than five b	usiness days prior
	,		SE SE
REQUIRED SIG	NATURE:		
	//-		ASE TO
			SEC P
	signature of a member or an authorize	ed representative of a member	
	In accordance with section 608.408(3), of this document constitutes an affirmation that the facts stated herein are true.)	Florida Statutes, the execution on under the penalties of perjury	M 2:59
	JESUS CANOVAS		

Typed or printed name of signee

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)