

L08000062972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800131526008

06/27/08--01004--010 **155.00

RECEIVED

08 JUN 27 AM 10:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUN 27 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 27 2008

EXAMINER

Charter Number Only

6/26/08

VALIDATION ONLY

FILED
08 JUN 27 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name

Address

City

State

ZIP

Phone

Broward
Review

CORPORATION(S) NAME

Albert Quinones, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Reinstatement

☐ Reservation

☒ Other LLC
☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Albert Quinones, LLC

ARTICLE II - Address:

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

14430 Sumter Manor
Orlando FL 33325

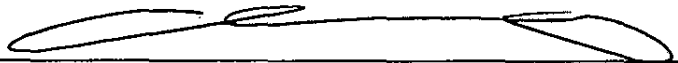
ARTICLE III - Registered Agent and Registered Office:

The name and the Florida street address of the registered agent is:

Albert Quinones
Name
14430 Sumter Manor
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 33325 33325
City, State and Zip

FILED
08 JUN 27 PM 1:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

(An additional article must be added if an effective date is requested)

/s/ ALBERT QUINONES
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.)

Albert Quinones
Typed or printed name of signee