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Special Instructions to Fil	ing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

AUG 1 2008

EXAMINER

COVER LETTER

TO: Registration : Division of Co				
SUBJECT:	Re Filter (Name of Limited	Company)		
The enclosed Articles of	of Organization and fee(s) are so	ubmitted for filing.		,
Please return all corres	pondence concerning this matte	er to the following:		
	DISHUK	Name of Person)	Altredo Ma	te o
		Ite-Compa Firm/Company)	eny	-
	747 C	anna Driv (Address)	٤.	-
		(Address) + FL. 3389 /State and Zip Code)	<u> </u>	
	/ (City	/Statg/and Zip Code)	31 ASSI	CACACIO
For further information	concerning this matter, please	call:	AH I	m
Alfredo (Nam	Mated e of Person)	at (<u>786</u>) <u>333</u> (Area Code & Daytime Te	-52 5 5 lephone Number)	
Enclosed is a check f	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	l)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
747 Canna Drive DAVENPORT, FL. 33897	747 Canna Drive DAVENPORT, FL 33897
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
The name and the Florida street address of the re Alfredo Name 747 Can Florida street address Daven port, FL City, State, ar	Mateo Na Drive ress (P.O. Box NOT acceptable) Mateo SEF OF SERVICE
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

The name and address of	of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGR	Alfredo Mateo 747 CANNA DRIVE DAVENPORT, FL. 33897
(Use attachment if nece	ssary)
FICLE V: Effective date, if in effective date is listed, the r 90 days after the date of f	other than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days piling.)
REQUIRED SIGNAT	URE:
. /	The property of a member of an authorized representative of a member of a memb
(In acc	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury

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

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)