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	(Requestor's Name)
	(Address)
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	,
	(City/State/Zip/Phone #)
PICK-U	UP WAIT MAIL
4	(Business Entity Name)
-	
	(Document Number)
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Special Instructions to Filing Officer:

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SECRETARY OF STATE TALLAHASSEE FLORIDA

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L. SELLERS

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**EXAMINER** 

# **COVER LETTER**

TO: Registration Section • Division of Corporations					
SUBJECT: JR AGRIBROKERS, LLC					
(Name of Limited Liability Company)					
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
JUAN∙R.	GONZALEZ				
		(Name of Person)			
JR AGRI	BROKERS, LLC				
(Firm/Company)					
15536 SW 10TH ST					
		(Address)			
MIAMI, F	L 33194-2417				
	(Ci	ty/State and Zip Code)			
For further information	n concerning this matter, pleas	e call:			
JUAN R. GONZALEZ at ( 305 ) 207-6620					
(Name of Person)		(Area Code & Daytime Tele	phone Number)		
Enclosed is a check t	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Clarations Tallahassee, FL 32301	ircle		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

# JR AGRIBROKERS, LLC

(Must end with the words "Limited Liability 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:
15536 SW 10TH ST	15536 SW 10TH ST
MIAMI, FL 33194-2417	MIAMI, FL 33194-2417

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JUAN R. GONZALEZ

Name

15536 SW 10TH ST

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33194-2417

City, State, and 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 OB AUG -7 AM 8: 49
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TALL AHASSEE FLORING

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

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

	Title:	Name and Address:
	"MGR" = Manager "MGRM" = Managing Member	
	Wallaging Welliou	
	MGR	RENE A. GONZALEZ
		15536 SW 10TH ST.
		MIAMI, FL 33194-2417
		•
		<del></del>
	<del></del>	
	•	
	(Use attachment if necessary)	
KI	TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
		be specific and cannot be more than five business days prior
or	90 days after the date of filing.)	
		•
	<b>REQUIRED SIGNATURE:</b>	
	REQUIRED SIGNATURE.	$\neg$ / /
		/
	`// /	
	Signature of I mamb	paran an authorized respectative of a member

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.)

### RENE A. GONZALEZ

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)