## L08000094359

(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:				
A. LUNT				
OCT - 6 2008				

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE VLLAHASSEE. FLORIDA

## **COVER LETTER**

TO: Registration S  Division of Co		•	
SUBJECT:	OSIRIS (Name of Limit	VASQUEZ ed Liability Company)	LLC
	·		
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
···	OSIRI	S VASQUE ?	2
	091119	S VASQUEZ (Name of Person)  C VASQUEZ (Firm/Company)	LLC
	13111	5w 14 <sup>th</sup> 5T	TALL
	MIAMI	FL 33184	OCT -3 DRETAR AHASS
	·	ty/State and Zip Code)	P 12: 14  OF STATE EE. FLORID
For further information	concerning this matter, pleas	e cali:	哥二
IRA	SEGAL	at (305) 670	-1895
(Nam	e of Person)	(Area Code & Daytime Tele	phone 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)
	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 C Tallahassee, FL 32301	

ranger of the transfer of the property of the

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

1311 SW 14 ST

MIAMI FL 33174

SAME

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:

SIRIS VASQUE DASSES SEE TO SE

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.

( Suris ais gues Registered Agent's Signature (REQUIRED)

> (CONTINUED) Page 1 of 2

ARTICLE V: Effective date, if other than the date of filing:

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REOUIRED SIGNATURE:

Signature of a member or an authorized representative of a member of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

OSIRIS

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)