# 108000098859

(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

EFFECTIVE DATE 18 13/08



700137059527

10/20/08--01029--010 \*\*125.00

08 OCT 20 PN 1: 05
SECRETARY OF STATE
ALLAHASSEE, FI OFINA

D. BRUCE

OCT 2 1 2008

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	porations					
<sub>SUBJECT:</sub> Veron	ica Ruiz-Ashwa	ıl, LLC				
	(Name of Limit	ted Liability Comp	any)			
The enclosed Articles of	Organization and fee(s) are	submitted for filin	g.			
Please return all correspo	ondence concerning this mat	ter to the following	g:			
Veronica	Ruiz-Ashwal					
		(Name of Person)			<del> </del>	-
Veronica	Ruiz-Ashwal, L	LC				
		(Firm/Company)				-
13220 SV	V 28th Place					
		(Address)				-
Davie, FL 33330						
<u> </u>	(Ci	y/State and Zip Cod	e)	7	138	_ 
For further information concerning this matter, please call:						ILE
(→286) Veronica Ruiz-Ashwal (→285-1596 (→285-1596 (→285-1596))				AIS.	D	
(Name o	of Person)	(Area Coo	le & Daytime Tele	ephone Number	05	
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Filin Certificate of Certified Cop (additional copy	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center C			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:
Veronica Ruiz-Ashwal, LL	.C
(Must end with the words "Lin	nited 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:
13220 SW 28th Place Davie, FL 33330	13220 SW 28th Place Davie, FL 33330

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:

Veronica Ruiz-Ashwal

Name

13220 SW 28th Place

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

Davie, FL 33330

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)

EFFECTIVE DATE 10/13/08

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Veronica Ruiz-Ashwal  16320 South Post Road 13220 SW 28 Pl.	
	Davie, FL 33330	
(Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing: 10/15/2008 .(OPTIONAL)	

ARTICLE V: Effective date, if other than the date of filing: 10/13/2008 . (OPTIONAL) (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.)

### **REQUIRED SIGNATURE:**

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.)

# Veronica Ruiz-Ashwal

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)

