(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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EXAMINER



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COVER LETTER

Registration Section

· TO:

Division of Corporations
SUBJECT: PORTILLO'S COMMUNICATIONS, LLC.
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLOS PORTILLO
(Name of Person)
PORTILLO'S COMMUNICATIONS, LLC.
(Firm/Company)
2412 12TH ST W
(Address)
BRADENTON, FL. 34205
· (City/State and Zip Code)
For further information concerning this matter, please call:
CARLOS PORTILLO at (941) 296-5494
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sumsetern{bmatrix} \$\sumsete
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	10	
PORTILLO'S COMMUNICATION, L (Must end with the words "Limited Liabilit		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Com	npany is:
Principal Office Address:	Mailing Address:	
2412 12TH ST W , BRADENTON, FL 34205	2412 12TH ST W , BRADENTON, FL 34205	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another	
CARLOS PORTILLO Name		N 2
2412 12TH ST W	ress (P.O. Box <u>NOT</u> acceptable)	
BRADENTON,	FL 34205	STATE SEATE 3: 39
City, State, ar		6 10 10 10 10 10 10 10 10 10 10 10 10 10
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regist	his certificate, I hereby accept the appointm o. I further agree to comply with the provision of my duties, and I am familiar w	ent as ions of all vith and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

I GR	CARLOS PORTILLO
NGIX.	2412 12TH ST W BRADENTON, FL 34205
_	
(Use attachment if necessary)	
EV. Effective data if eshabilities	the date of filing: 11/15/2008 (OPTION

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.)

CARLOS PORTILLO

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)