

W08000115874

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

DEC 22 2008

EXAMINER

CHARLES J. SAVIO
Attorney at Law

WEST SIDE - PASCO COUNTY
7311 Little Road
New Port Richey, Florida 34654
TEL. (727) 869-1503
FAX. (727) 869-9019

Reply to:
EAST SIDE - PASCO COUNTY
P. O. Box 568
San Antonio, Florida 33576
TEL. (352) 588-3438
FAX. (352) 588-3416

December 16, 2008

Registration Section
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

Re: MIS SUENOS, L.L.C.

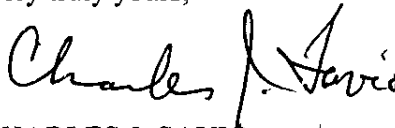
Dear Sir/Madam:

Enclosed herewith please find the original and one (1) copy of the Articles of Organization for a proposed Florida Limited Liability Company, MIS SUENOS, L.L.C. Also enclosed is a check in the amount of \$155.00 to cover the following:

Limited Liability Company Filing Fee	\$125.00
Certified Copy	30.00
TOTAL	\$155.00

Please file the Articles of Organization and return a certified copy to the undersigned. If you have any questions, please contact my East Side office.

Very truly yours,



CHARLES J. SAVIO
Attorney at Law

CJS:pms

Enclosures: Original and one copy of Articles of Organization
Check in the sum of \$155.00

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIS SUENOS, L.L.C.

(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:

36644 Lake Pasadena Rd.

Dade City, FL 33525

Mailing Address:

36644 lake Pasadena Rd.

Dade City, FL 33525

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:

Dora M. Wolff

Name

36644 Lake Pasadena Rd.

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

Dade City, FL 33525

FL

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.

Dora Wolff

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Dora M. Wolff - as to 100% interest

36644 lake Pasadena Rd.

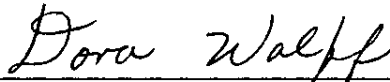
Dade City, FL 33525

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Dora M. Wolff

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)

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