

LD9000003351

(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:

**L. SELLERS**

JAN 12 2009

**EXAMINER**

Office Use Only



800140124318

01/09/09--01028--011 \*\*160.00

FILED  
09 JAN -9 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Manuel A. Sequeiros**

**12285 SW 143 Lane**

**Miami, Fla. 33186**

**Tel : (786)581-9840**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Budget Foreclosure Cleaners,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:

Manuel A. Sequeiros

(Name of Person)

Budget Foreclosure Cleaners,LLC

(Firm/Company)

12285 SW 143 Lane

(Address)

Miami, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel A. Sequeiros at ( 786 ) 581-9840  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Budget Foreclosure Cleaners, 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:

12285 SW 143 Lane

Miami, FL 33186

#### Mailing Address:

12285 SW 143 Lane

Miami, FL 33186

### 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:

Ricardo A. Caparroz

Name

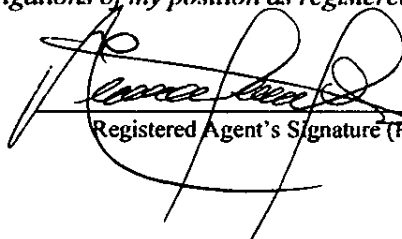
12285 SW 143 Lane

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

Miami, FL 33186

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JAN -9 AM 8:29

FILED

**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:**

Manuel A. Sequeiros "MGR"

12285 SW 143 Lane

Miami, FL 33186

Ricardo A. Caparroz "MGR"

12285 SW 143 Lane

Miami, FL 33186

Oscar A. Sequeiros "MGR"

12285 SW 143 Lane

Miami, FL 33186

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/07/2009 . (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 of 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.)

Manuel A. Sequeiros

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)

FILED  
09 JAN -9 AM 8:29  
TALLAHASSEE FLORIDA