

L090000038806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-15883

APR - 6 2009

J. BRYAN

APR 22 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Martha Perez Control, 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:

Jason Warshofsky

(Name of Person)

Jason Warshofsky, P.A.

(Firm/Company)

2937 SW 27 Avenue, Suite 203

(Address)

Miami, Florida 33133

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jason Warshofsky at (305) 446-1244
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2009

JASON WARSHOFSKY
JASON WARSHOFSKY, P.A.
2937 SW 27 AVENUE, SUITE 203
MIAMI, FL 33133

SUBJECT: MARTHA PEREZ CONTROL, LLC
Ref. Number: W09000015883

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MARTHA PEREZ CONTROL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have to have the complete LLC form, you sent 1st page of LLC form and the last page of Limited Partnership form.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 809A00011429

4/15/09
Corrected Forms enclosed - see original enclosed -
You kept the check for \$125
Thank you -
(305) 446-1244

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Martha Perez Control, 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:

540 Brickell Key Drive

Apt. 1815

Miami, Florida 33131

Mailing Address:

540 Brickell Key Drive

Apt. 1815

Miami, Florida 33131

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:

Carlota Chumi

Name

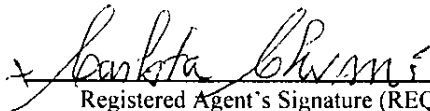
540 Brickell Key Drive, Apt. 1815

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

Miami, Florida 33131 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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

Carlota Chumi

Apt 1815, 540 Brickell Key Drive

Miami, Florida 33131

MGRM

Luis Fernando Chumi Vargas

Apt. 1815, 540 Brickell Key Drive


Miami, Florida 33131

(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.)

Carlota Chumi

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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