109000059266

(Requestor's Name)
(Address)
(Address)
(Addless)
(City/State/Zip/Phone #)
· <u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Haine)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900156442729

06/17/09--01011--009 **125.00

2009 JUN 17 PM 1: 32
SEGRETARY OF STATE
SEGRETARY OF STATE

T. CLINE
JUN 1 8 2009

EXAMINER

COVER LETTER

	Registration Se Division of Cor						
SUBJEC	ст: <u>Д</u> і	SNER TW.	HMALES ited Liability Co	L.L.C.	•	·-	
The encl	osed Articles of	Organization and fee(s) are	e submitted for fi	iling.			
Please re	turn all correspo	ndence concerning this ma	tter to the follow	/ing:			
1	DENIES E	FERNAMOBE	Name of Person				
Ī	DENFER	- INTHATES	L.L.C. Firm/Company				
Ĺ	077 NE	96th st.	Address		· -	7 S	
Ē	liani s		8			2009 JUN SECRETA TALLAHAS	وده من دور
ۮ	nfo@se	•	ity/State and Zip C		n)	7 PH	F
For furth	er information co	oncerning this matter, plea				PH 1: 32 OF STATE E. FLORIDA	
Deni	SE FERN Name of	ANOEZ Person	at (<u>646</u> Area C	418-17 Code & Daytime	225 Telephone Number		
Enclosed	d is a check for	the following amount:					
\$125.00	O Filing Fee]\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	Certified C	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Address tration Section tration of Corporation Building Executive Center trassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENFER FWHMATES (Must end with the words "Lim	Lo Lo Co ited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1077 NE, 96th st. Miani Storis, Fr. 33138	Same TARES JUN T
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature:
The name and the Florida street address DENASE	>
1077 No	ress (P.O. Box <u>NOT</u> acceptable)

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

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:				
MARM	DENISE FELLANDEZ				

	HAS:
	7 P
(Use attachment if necessary)	FLOR
ARTICLE V: Effective date, if other than the date of filing	
(If an effective date is listed, the date must be specific and to or 90 days after the date of filing.)	cannot be more than five business days prior
DECLINED CLONARIOS	

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.)

DENISE FERNANDEZ

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)