

FAX NO. :3052201440

# Florida Department of State

**Division of Corporations** Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000200999 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617 6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019 : {305}552~5973 Phone : (305)220-1440 Fax Number

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### THE INDA-ROMERO LAW FIRM L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS SEP 16 2009 **EXAMINER** 

Electronic Filing Menu

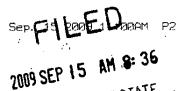
Corporate Filing Menu

Help

FROM : LAZARUS

FAX NO. :3052201440

H090002009



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name
------------------

The name of the Limited Liability Company is:

Inda-Romero Law Firm L.L.C.,
ust 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:

Mailing Address:

6531 SW 109 CT 6531 SW 109 CT Miami, FL 33173 Miami, FL 33173

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve us 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:

Miguel Inda-Romero 6531 SW 109 CT
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33/73 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.

Registere Agent's Signature (REQUIRED)

(CONTINUED)

FROM : LAZARUS

FAX NO. :3052201440

2009 SEP 15 AM 8: 36

Page 1 of 2

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

SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

<u>Title;</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM = Managing Memoei	Miguel Inda-Romero 6531 SW 109 C7 Migmi, FL 33173
4	
(Use attachment if necessary)	
CLE V: Effective date, if other the offective date is listed, the date modern the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a a	Sember or an authorized representative of a member.
(In accordance v	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury ated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

page 2 of 2

Miguel Indo-Romero

Typed or printed name of signee