

LU 90000 97665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

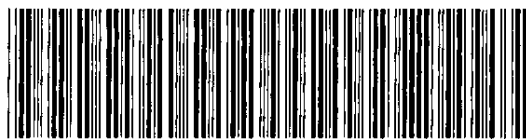
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/07/09--01020--012 \*\*155.00

RECEIVED  
09 OCT - 7 AM 10:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT - 8 AM 9:38

B. KOHR  
OCT - 9 2009  
EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Continental Supplies, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT -8 AM 9:38

- ☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2009

LAZARUS

TALLAHASSEE, FL

SUBJECT: CONTIENTAL SUPPLIES, LLC  
Ref. Number: W09000044784

RECEIVED  
09 OCT -8 AM 11:22  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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SECRETARY OF STATE'S  
DIVISION OF CORPORATIONS

We have received your document for CONTIENTAL SUPPLIES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Before this LLC can be filed, its Registered Agent -- DAVID ESTRELLA, P.A. -- must be reinstated. The fee to reinstate this professional corporation is \$750.00. Go to [www.sunbiz.org](http://www.sunbiz.org) to file the reinstatement.

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 609A00032409

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I –Name:**

The name of the Limited Liability Company is:

Continental Supplies, LLC

(Must end with the words "Limited Liability Company, "L.L.C" or LLC)

**ARTICLE II – Address:**

**Principal Office Address:**

4525 NW 7 Street

Miami, FL 33126

**Mailing Address:**

4525 NW 7 Street

Miami, FL 33126

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DIVISION OF CORPORATIONS  
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**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 with an active Florida registration.)

The name and the Florida Street address of the registered agent are:

David Estrella, P.A.

Name

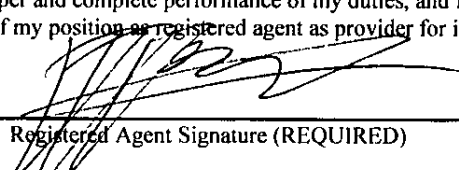
55 Merrick Way, Suite 210

Florida street address (P.O Box NOT acceptable)

Coral Gables, FL 33134

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 Signature (REQUIRED)

(Continued)

Page 1 of 2

**ARTICLE IV- manager (s) or Managing Members(s):**

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

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Jainewel Del Carmen Romero Galue

4525 NW 7 Street

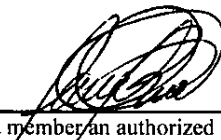
Miami, FL 33126

**(Use Attachment if necessary)**

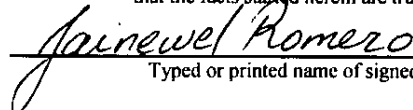
**ARTICLE V:** Effective date, if other than the date of filing: ----- OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member, an authorized representative of a member.

I (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.)

  
\_\_\_\_\_  
Typed or printed name of signed

**Filing Fees:**

\$ 125.00 Filing for Articles of Organization and Designation  
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)