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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

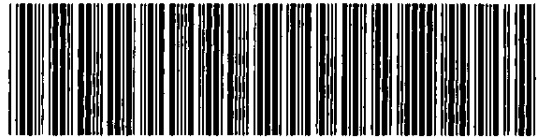
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV 12 PM 1:00

FILED

T. CLINE

NOV 13 2009

EXAMINER

ROBERT SANTOS-ALBORNA

365 NW 84 Court, #11, Miami, Florida

Tel. (305) 761-8730

E-mail: rsa.businessconsultants@yahoo.com

November 10, 2009

Florida Department of State
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Establishing a Limited Liability Corporation

As instructed, below please find required information to open an LLC.

Name: Robert Santos-Alborna
Address: 365 NW 84 Court, Apt 11
Miami, Florida 33126
Tel.: (305) 761-8730

The nature of the company will be to provide oversight, mentoring, and consulting to businesses, in the area of geography and demographics, information technology, financial analysis and personnel management.

Attached is a check for \$160 for filing fee, certificate of status, and certified copy.

Thank you

Sincerely,

Robert Santos-Alborna



RECEIVED
2009 NOV 12 PM 1:00
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Comprehensive Business Consultants, 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:

Robert Santos - *Robert*

Name of Person

Comprehensive Business Consultants, LLC

Firm/Company

365 NW 84 Court

Address

Miami, Florida 33126

City/State and Zip Code

rsa.businessconsultants@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Santos - *Robert* at (

305)

761-8730

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:

Comprehensive Business Consultants, 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:

365 NW 84 Court, Suite 11
Miami, Florida 33126

Mailing Address:

365 NW 84 Court Suite 11
Miami, Florida 33126

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:

Robert Santos-Alborna

Name

365 NW 84 Court, Suite 11

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

Miami, Florida 33126 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)

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:

MGR

Robert Santos

365 NW 84 Court

Miami, Florida 33126

MGRM

John Murphy

365 NW 84 Court

Miami, FL 33126

MGRM

Daisy Alborna

365 NW 84 Court

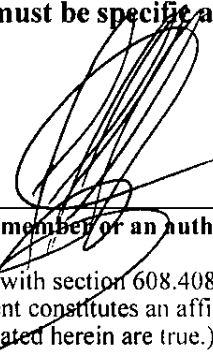
Miami, Florida 33126

(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 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.)

ROBERT SANTOS - ALBORNIA
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)