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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ESVIN Albarado Calderon  Name of Person  Name of Person  Hogo SE Federa: Huri Hove Soonel  Firm/Company
	11090 SE Federal Hur #53
	Hove Sound FL 33455 City/State and Zip Code
For fur	E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:
esi	Name of Person at (772) 475 - 58 - 01  Area Code & Daytime Telephone Number
_	sed is a check for the following amount:  .00 Filing Fee \$\bigsup \\$130.00 Filing Fee & \$\bigsup \\$155.00 Filing Fee & \$\bigsup \\$160.00 Filing Fee, \$\bigsup \\$Certificate of Status & \$\bigsup \\$(additional copy is enclosed)\$  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
ESUINA Calderna LLC (Must end with the words "Limited Liability	y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Hove Soure FL 33455	Hove sound FL 33455
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re-	SECRETAR SECRETAR OP DEC 18
Florida street address (P.O.  Hove Sound  City, State, and	Box NOT acceptable)  FL 334SS  33 4SS
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as

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:

<u>Title:</u> "MGR" = Manage "MGRM" = Mana		Name and Address:	
<u>mar</u>	_	ESVIN A CALLIDON 1109D SE FEDERAL HUN #53 HOSE SOUND, FL 33455	
	_		
	ate, if other than the da	nte of filing: Filing Dute . (OPTIONAL)  pecific and cannot be more than five business days pr	
REQUIRED SIG	NATURE:		
	CSVIN A CO	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.)		
<u>Filing Fees:</u>	ESUIN A CO	d or printed name of signee	
of Regis \$ 30.00 Certified	ee for Articles of Organiz stered Agent d Copy (Optional) ate of Status (Optional)	zation and Designation	