

L10000036032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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03/25/10--01023--008 **125.00

EFFECTIVE DATE

3/23/10

FILED
10 MAR 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Brien MAR 26 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARIACHOCUAN

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:

MISAE MACIAS

Name of Person

MARIACHOCUAN

Firm/Company

10040 SW 35TH TERR

Address

MIAMI, FL 33165

City/State and Zip Code

MISAE MACIAS@YAHOO.COM

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

For further information concerning this matter, please call:

MISAE MACIAS

Name of Person

at (786) 539-7508

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2010

MISAEL MACIAS
10040 SW 35TH TERRACE
MIAMI, FL 33165

SUBJECT: MARIACHOCUAN
Ref. Number: W10000015102

We have received your document for MARIACHOCUAN and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 710A00007479

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIACHOCUAN 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:

10040 SW 35TH TERR

MIAMI, FL 33165

Mailing Address:

10040 SW 35TH TERR

MIAMI, FL 33165

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:

MISAEAL MACIAS

Name

10040 SW 35TH TERR

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

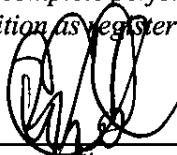
MIAMI, FL

FL 33165

City, State, and Zip

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TALLAHASSEE, FLORIDA

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

MISAE MACIAS

10040 SW 35TH TERR

MIAMI, FL 33165

MGRM

MISAE MACIAS

10040 SW 35TH TERR

MIAMI, FL 33165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/23/2010. (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.)

MISAE MACIAS

Typed or printed name of signee

FILED
10 MAR 25 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)