

L10000037982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

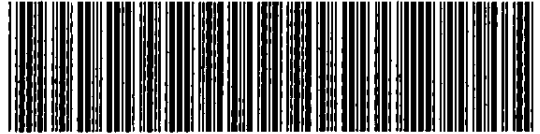
(Document Number)

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

Special Instructions to Filing Officer:

W10-15702

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03/29/10--01042--021 \*\*155.00

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10 APR -7 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 8 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2010

JOSE N. CORREA  
J.C. ACCOUNTING & TAX SERVICES  
833 SAVANNAH FALLS DR  
WESTON, FL 33327

SUBJECT: TIRE'S J & F, LLC  
Ref. Number: W10000015702

We have received your document for TIRE'S J & F, 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 29, 2010. 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 410A00007786

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR -7 PM 3:23

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIRE'S J & F, 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:

JOSE N CORREA

(Name of Person)

J.C. ACCOUNTING & TAX SERVICES

(Firm/Company)

833 SAVANNAH FALLS DR

(Address)

WESTON, FL 33327

(City/State and Zip Code)

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10 APR -7 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOSE N CORREA

(Name of Person)

at ( 954 ) 2171207

(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:

TIRE'S J & F , LLC

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

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

59295 SW 42ND CT

BLDG # 13 BAY 8

DAVIE, FL 33314

### Mailing Address:

17983 NW 60 CT

HIALEAH, FL 33015

## 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:

JOSE N CORREA- J.C. ACCOUNTING

Name

833 SAVANNAH FALLS DR

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

WESTON

FL 33327

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)

Page 1 of 2

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10 APR - 7 PM 3:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

JUAN ECHEVERRI

17983 NW 60 CT

HIALEAH, FL 33015

MGRM

FELIPE ECHEVERRI MARQUEZ

17983 NW 60 CT

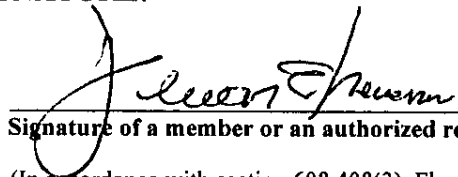
HIALEAH, FL 33015

(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.)

JUAN ECHEVERRI

Typed or printed name of signee

**FILED**  
10 APR -7 PM 3:23  
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)**