

L10000045951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



500171991135

03/29/10--01005--021 **155.00

EFFECTIVE DATE

4/25/10

FILED

10 APR 30 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Reality Integridad Empresarial S.A / Intempre, S.A L.L.C.
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:

Carlos Alberto Gonzalez

Name of Person

Intempre, S.A. L.L.C

Firm/Company

1103 NW 25TH AVENUE

Address

CAPE CORAL, FLORIDA 33993

City/State and Zip Code

INTEMPREUSA@GMAIL.COM

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

For further information concerning this matter, please call:

CARLOS ALBERTO GONZALEZ

Name of Person

at (239)

878-8296

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2010

CARLOS ALBERTO GONZALEZ
1103 NW 25TH AVENUE
CAPE CORAL, FL 33993

SUBJECT: REALITY INTEGRIDAD EMPRESARIAL S.A/INTEMPRE, S.A. L.L.C.
Ref. Number: W10000015879

We have received your document for REALITY INTEGRIDAD EMPRESARIAL S.A/INTEMPRE, S.A. L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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: 510A00007861

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REALITY INTEGRIDAD EMPRESARIAL S.A / INTEMPRE, S.A. L.L.C

(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:

1103 NW 25TH AVENUE

CAPE CORAL, FL 33993

Mailing Address:

1103 NW 25TH AVE

CAPE CORAL, FL 33993

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:

CARLOS ALBERTO GONZALEZ

Name:

1103 NW 25TH AVENUE

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

CAPE CORAL, FL 33993

City, State, and Zip

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SECRETARY OF STATE
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

CARLOS GONZALEZ

1103 NW 25TH AVENUE

CAPE CORAL, FL 33993

MGR

LUPE GUEVARA

1103 NW 25TH AVENUE

CAPE CORAL, FL 33993

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 25, 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.)

CARLOS ALBERTO GONZALEZ

Typed or printed name of signee

FILED
10 APR 30 AM 7:54
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)