L10000050535

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Duning on Fath Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500180539885

05/10/10--01074--010 **160.00



C. LEWIS

MAY 1 1 2010

EXAMINER

COVER LETTER

:OŢ

:ОЂ	Registration S Division of Co			4		
*		N ADT LLC				
SUBJ	ECT: GUILLE		ed Liability Company			
		Name of Limit	ed Elaonity Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please	return all corresp	condence concerning this mat	ter to the following:			
	ALEJANDRO	FIALLOS				
	Name of Person					
	GUILLEN ART, LLC.					
	Firm/Company					
	241 NE 33rd.	TFR				
	Address					
	HOMESTEAD	D, FLORIDA 33033				
		Cit	ty/State and Zip Code			
afiallosn@yahoo.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ALEJANDRO FIALLOS at (786) 349-8388						
	Name	of Person	Area Code & Daytime Telep	hone Number		
Enclo	sed is a check fo	or the following amount:				
□\$ 125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 C	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
•	
GUILLEN ART, 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 Comp	oany is:
Principal Office Address: Mailing Address:	
241 NE 33rd. TER. 241 NE 33rd. TER.	
HOMESTEAD, FLA. 33033-8001 HOMESTEAD, FLA. 33033-8001	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual francours business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: ALEJANDRO FIALLOS Name 241 NE 33rd. TER.	FILEU BULLED
Florida street address (P.O. Box NOT acceptable)	
HOMESTEAD FL 33033-8001 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, I Registered Agent's Signature (REQUIRED) (CONTINUED)	nt as ns of all th and

FILED

2010 MAY 10 PM 1 21 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE TALLAHASSEE, FLORIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MANUEL GUILLEN 1121 WEST, 40th. STREET HIALEAH, FLA. 33012 MGRM **ALEJANDRO FIALLOS** 241 NE. 33rd. TER. HOMESTEAD, FLA. 33033 (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.) **ALEJANDRO FIALLOS** 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)