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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

 Al Bermudez Pereira SUBJECT: 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: Albert Bermudez Name of Person Al Bermudez Pereira Firm/Company 951832 LAKE MARY, FL 32795 City/State and Zip Code AlBermudez@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 283-4273 Albert Bermudez Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$130.00 Filing Fee & □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co.	mpany is:		
Al Parm	nudez Pereira, LLC.		
	imited Liability Company, "L.L.C.," or "LLC.")		
The name of the Limited Liability Company is: Al Bermudez Pereira, 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:	Mailing Address:		
951832	951832		
LAKE MARY, FL 32795	LAKE MARY, FL 32795		
business entity with an active Florida registration. The name and the Florida street addre	•		
	Name		
9518	332		
	Florida street address (P.O. Box NOT acceptable)		
LAKE I	LAKE MARY, FL 32795		
	City, State, and Zip		
liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my positions.	ent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as a sis capacity. I further agree to comply with the provisions of all simplete performance of my duties, and I am familiar with and son as registered agent as provided for in Chapter 608, F.S		
	(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" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Albert Bermudez 951832 LAKE MARY, FL 32795
MGRM	Lydia Bermudez 951832 LAKE MARY, FL 32795
(Use attachment if necessary)	
RTICLE V: Effective date, if other than if an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	mber or an authorized representative of a member.
(In accordance with	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury
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)