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COVER LETTER *

TO: Registration Section Division of Corporations
SUBJECT: Franklin Mendez 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:
Franklin minde Z Name of Person
Franklin mendez LLC Firm/Company
1264 Bayberry D.R. Address
Tallahas Sec Fl 32304 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at () Name of Person
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & □
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:

franklin mendez LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1264 Bayberry DR	Same
Tallahassed fl 37364	
Tallahassee	gistered agent are:

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

The name and add	dress of each Manager	or Managing Member is a	as follows:			
<u>Title:</u> "MGR" = Manag "MGRM" = Mana		Name and Address:				
MGRM		franklin men 1264 Bayberry Tallahassec fil	dr 2 D,R 32304		-	
					- - - ,	
					- - -	
(Use attachment i	f necessary)					•
ARTICLE V: Effective d (If an effective date is list to or 90 days after the da	ed, the date must be s	te of filing: pecific and cannot be mo	re than five bu	OPTIC)NAL days	.) prior
REQUIRED SIG	ENATURE:			SEURE TAIR	10 JUN 30	
Franklin mendez		E C				
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.)			5 2 2	44:44	J	
	Турес	l or printed name of signee				

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)