

L10000070971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

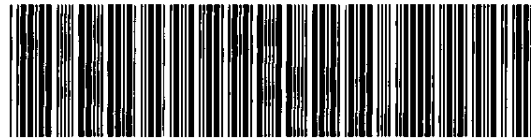
(Business Entity Name)

(Document Number)

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

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Office Use Only



300182856083

07/02/10--01021--004 \*\*125.00

EFFECTIVE DATE

7/1/10

FILED

10 JUL -2 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Connell

JUL -6 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EL PINTOR 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:

Wilfredo Negrón  
Name of Person

EL PINTOR LLC  
Firm/Company

2462 PIERCE STREET, Apt. # 11  
Address

Hollywood, Florida 33020  
City/State and Zip Code

wnwillnegrón@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wilfredo Negrón at ( 954 ) 558-2688  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

EL PINTOR 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:

2462 PIERCE STREET  
APARTMENT # 11  
HOLLYWOOD, FLORIDA 33020

#### Mailing Address:

2462 PIERCE STREET  
APARTMENT # 11  
HOLLYWOOD, FL. 33020

### 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:

Wilfredo Negrón  
Name

2462 PIERCE ST., APT. # 11  
Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD, FL 33020  
City, State, and Zip

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*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..*

Wilfredo Negrón  
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:**

Does Not Apply

Manager

Wilfredo Negron  
2462 PIERCE ST. APT. # 11  
Hollywood, FL 33020

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1st, 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:**

Wilfredo Negron  
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.)

Wilfredo Negron  
Typed or printed name of signer

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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)