

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO.

florida state regional center, llc

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9/3/2010

## COVER LETTER

erio ipeta.	Florida State Regional Center, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Ar	rticles of Organization and foo(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Gloria Roa Bodin, Esq.
	Name of Person
	Gloria Roa Bodin, P.A.
	Firm/Company
	2655 S Le Jeune Road Suite 1001
	Address
	Coral Gables, FL 33134
<u> </u>	City/State and Zip Code
	gglobo@aol.com E-mail address; (to be used the future annual report nodification)
For firther infor	mation concerning this matter, please call:
	Andres Perez at (325 ) 785-1147
	Name of Person Area Code & Daytime Telephone Number

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

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Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Taliahassec, FL 32314

Street/Courier Address Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF O	RGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Nam The name of the Lin	ie: mited Liability Compa	ny is:
	Florida State	Regional Center, LLC
(Mus	at and with the words "Limited	d Liability Company, "L.L.C." or "LLC.")
ARTICLE II - Add The mailing address		the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
c/o Sulte 1001 2655 \$ Le	Jeune Road	c/o Suite 1001 2655 S Le Journe Road
Corel Gables, FL 33134		Coral Gables, FL 33194
· .	c/o Gloria 215 N Florida str Fort Pierce	f the registered agent are:  I Roa Bodin, Esq.  Name  2nd Street  root address (P.O. Box NOT acceptable)  FL 34950  City, State, and Zip
Havina haan nama	d as registered agent a	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as

03\03\5010 10:00 3020330000 EWBIKE COKB KIL

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM / MGR Andres Perez c/o Suite 1001 2655 S Le Jeune Road Corel Gables, Fl. 33134 (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.) Andres Perez Typed or printed name of signee

Filing Face:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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