

(Requestor's Name)
(Address)
(Address)
,
(Cit. (Ch.). (7) (Dh.)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.0
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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G. MCLEOD

SEP 28 2010

EXAMINER



700185846007

09/27/10--01019--020 **130.00

FILED

10 SEP 27 PM 4: 25

SECRETARY OF STATE
ALLAHASSEE FISIALE

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT: Santia	go Arencibia Jr. LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Santiago		
		Name of Person	
		Firm/Company	
	122	Avenue F	
	122	Address F	
	Key V	Vest , FL 33040	
		y/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further informatio	n concerning this matter, please	e call:	
Santiago Arencibi		at (305) 809-3790	
Nam	e of Person	Area Code & Daytime Telephone Numbe	r
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
	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	l Liability Company	is:	
Sant	iago Arencibia	Jr., LLC	
		iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address		e principal office of the Limited	Liability Company ice
Principal Office Addre		Mailing Address:	Claumity Company is.
122 Avenue F		122 Avenue F	
Key West , FL 33040		Key West , FL 33040	
business entity with an active F The name and the Florid	Horida registration.)	_	10 S SECH TALLA
		me	HE TO THE
	122 Av	venue F	SSEE 27
	Florida street	address (P.O. Box NOT acceptable)	FS Z III
	Key West City	FL 33040 , State, and Zip	D 4: 25 STATE CORIDA
liability company at a registered agent and aga statutes relating to the	the place designated ree to act in this capa proper and complete	to accept service of process for the in this certificate, I hereby accept acity. I further agree to comply we performance of my duties, and I egistered agent as provided for in	t the appointment as ith the provisions of all am familiar with and

(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:

"MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGRM		Santiago Arencibia Jr.
		122 Avenue F
	·	Key West FL 33040
	 	
	· · · · ·	
Use attachmar	nt if necessary)	
Coc anacimiei		
LE V: Effectiv		date of filing: 09/20/2010 . (OPTION. specific and cannot be more than five business da
LE V: Effective date is leading after the	listed, the date must be date of filing.)	
LE V: Effectiv	listed, the date must be date of filing.) SIGNATURE:	
LE V: Effective date is leading after the	date of filing.) SIGNATURE: Signature of a member (In accordance with sect	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
LE V: Effective date is leading after the	Signature of a member (In accordance with sect of this document constituthat the facts stated here	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution utes 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)