

L10000107079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Mauricio GM  
AUTHORIZATION BY PHO TO  
CORRECT name + eff date  
DATE 10/13/10  
DOC. EXAM. \_\_\_\_\_

Office Use Only



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10/12/10--01009--009 \*\*130.00

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 OCT 12 PM 2:57



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 13, 2010

MAURICIO GALLARDO  
23 SW MONTEREY ROAD  
STUART, FL 34994

SUBJECT: GALLARDO'S CORPORATION LIMITED LIABILITY COMPANY  
Ref. Number: W10000048022

We have received your document for GALLARDO'S CORPORATION LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 410A00024201

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Gallardo's Corporation Limited Liability Company

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:

Mauricio Gallardo

Name of Person

Gallardo's Corporation Limited Liability Company

Firm/Company

23 SW Monterey Road

Address

Stuart, Florida 34994

City/State and Zip Code

mvgallardo82@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mauricio Gallardo

Name of Person

at ( 816 ) 699-3747

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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:

Gallardo's Limited Liability Company

(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:

23 SW Monterey Road  
Stuart, Florida 34994

### Mailing Address:

23 SW Monterey Road  
Stuart, Florida 34994

## 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:

Mauricio Gallardo

Name

23 SW Monterey Road

Florida street address (P.O. Box **NOT** acceptable)

Stuart, FL 33994

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..*

Mauricio Gallardo

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:**

MGRM

Mauricio Gallardo  
23 SW Monterey Road  
Stuart, Florida 33994

MGRM

Ana P. Gallardo  
1102 SE 8th St  
Lees's Summit, Missouri 64063

MGRM

Maria D Martinez  
2735 West 52th St Apt. 209  
Hialeah Garden, Florida 33016

MGRM

Evelyn B Hurtado  
3800 Harry S. Truman Blvd  
St. Charles, Missouri 63301

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October/ 5/2010. (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:**

  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mauricio Gallardo

Typed or printed name of signer

**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)**

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