

L11000005370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

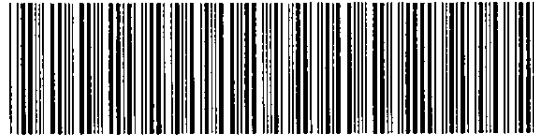
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN 11 AM 9:08

N. Culligan JAN 13 2011

Alfredo Rivera  
6652 SW 49<sup>th</sup> St.  
Davie, FL 33314

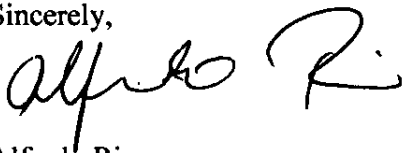
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attention: Suzanne,

I have spoke to you on 06 JAN 11, in reference to me accidently filling the fictisous name when I meant to file an LLC. The Fictitious name was filed **under (A.Y. Rivera & Associates LLC)** the confirmation for this transaction is **000190224820**. You requested that I send to you the LLC Form with the difference and you would see if you could apply the \$50 spent on the fictitious name and add it to the LLC registration fee.

Please find enclosed in this letter a \$75.00 Check along with the LLC Registration Application. I thank you in advanced for all your help in this matter. If you have any questions at all please feel free to contact me at (954) 655-1694.

Sincerely,

A handwritten signature in black ink, appearing to read 'Alfredo Rivera', with a stylized flourish at the end.

Alfredo Rivera  
(954) 655-1694  
Email: alrivera1219@gmail.com

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: A.Y. Rivera & Associates 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:

Yamiris Rivera

Name of Person

A.Y. Rivera & Associates LLC

Firm/Company

6652 S.W. 49th Street

Address

Davie, FL 33314

City/State and Zip Code

yrivera226@gmail.com

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

For further information concerning this matter, please call:

Alfredo Rivera

Name of Person

at ( 954 )

655-1694

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:

A.Y. Rivera & Associates 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:

6652 S.W. 49th Street

Davie, FL 33314

#### Mailing Address:

6652 S.W. 49th Street

Davie, FL 33314

### 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:

Yamiris Rivera

Name

6652 S.W. 49th Street

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

Davie, FL 33314

City, State, and Zip

*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.*

Yamiris Rivera  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
11 JAN 11 AM 9:08

**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:**

MGR

Yamiris Rivera

6652 S.W. 49th Street

Davie, FL 33314

MGR

Alfredo Rivera

6652 S.W. 49th Street

Davie, FL 33314

(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. 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.)

**Yamiris Rivera**

Typed or printed name of signee

**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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