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Office Use Only



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D. BRUCE FEB 07 2011 EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: Inversiones Los JA	
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:	
Rosalinda Espinoza	
Name of Person	
Inversiones Los JA	
Firm/Company	
10354 SW 159 Avenue	
Address	
Miami, FL 33196 ₽	7
City/State and Zip Code	
rosmaespinoza@hotmail.com	П
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	C
Rosalinda Espinoza at (786) 222-6049	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee \$	
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	TI	C	LE	I	-]	N	am	e:
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The name of the Limited Liability Company is:

Inversiones Los JA, 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:	Mailing Address:
10354 SW 159 Avenue	10354 SW 159 Avenue
Miami, FL 33196	Miami, FL 33196

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:

	City, State, and Zip	ORAL CO	,
Miami	_{FL} 33196	五四 建 1 11	
	Florida street address (P.O. Box NOT acceptable)	SEE O	
10354	SW 159 Avenue	FIAR HASS	
Name		AC T	
Rosalin	da Espinoza	$\mathbf{A}_{\mathbf{g}_{i}}$	

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..

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Rosalinda Espinoza 10354 SW 159 Avenue Miami, FL 33196 MGR Aimara Heine 10354 SW 159 Avenue Miami, FL 33196 (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:** ignature of a member or an authorized representative of a member

Rosalinda Espinoza

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this comment constitutes an affirmation under the penalties of perjury that the facts stated have in a manual am aware that any false information submitted in a document to the Department of State

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)