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PICK-UP	☐ WAIT	MAIL
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	•	,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,

Office Use Only

EFFECTIVE DATE 03/01/11



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D. BRUCE FEB 17 2011 EXAMINER

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	: SDF & Name of Limit	ASSOCIATES LLC'.	-
The enclose	ed Articles of Organization and fee(s) are	e submitted for filing.	
Please retu	rn all correspondence concerning this ma	atter to the following:	
·	Jos	SE M GAACIA Name of Person	
		Name of Person	
	GARGA LORENZO	d Associates, Inc.	
		Firm/Company	
·	6527 Co	Address WAY	
		Address	
	MIAMI	FL 33/55 ity/State and Zip Code	
			11 F
	E-mail address: (to be used	CIALORANZO. COM Em	
For further	information concerning this matter, pleas	se call:	到口
	TOSE GALCIA Name of Person	at (305) 266-866 EX	## € ## □
Enclosed i	is a check for the following amount:		
□\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing For Certificate of State Certified Copy (additional copy is enclosed)	ıtus &
	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 i	s:
(Must end with the words "Limited Lia	SSOCIATES LLC." bility 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:
6527 Conal Way MIAMI, FL 33155	6527 Conl WAY
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.) The name and the Florida street address of the	ristered Agent. You must designate an individual or another
	\mathbf{A}_{i}
Nam	COLAL WAY
6527	COLAL WAY SE OF
Florida street a	ddress (P.O. Box NOT acceptable)
MIAM	State and Zin
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all 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..

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 03/01/11

Title:

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 Meml	per
MGR	
1.66	JOSE M. GARCIA
	JOSE M. GARCIA G527 Congl Way MIAGI, FL 33155
444	
MERM	ANDRES F. FERNANDEZ 2525 PONCE DE LEON 67
	2525 Pouce De Leon of
	COMIL GASKS, FL 33134
MGRM	CARlos A. DELLADO
	8288 SW 172 Tan PALMETTO BAJ, FL 3315
	MA(ME/10 BA), 1-6 3315
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if negacions)	
(Use attachment if necessary)	
•	than the date of filing: MARCH 1, 201) (OPTION
LE V: Effective date, if other fective date is listed, the date	than the date of filing: MARCH 1, 201) (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other	than the date of filing: MARCH 1, 201) (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date	than the date of filing: MARCH 1, 201) (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date	than the date of filing: MARCH 1, 2011. (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: MARCH 1, 2011. (OPTION must be specific and cannot be more than five business dates
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: MARCH 1, 2011 (OPTION must be specific and cannot be more than five business date of filing: ARCH 1, 2011)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.)	than the date of filing: MARCH 1, 2011 (OPTION must be specific and cannot be more than five business date of filing: ARCH 1, 2011)
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: MARCH 1, 2011 (OPTION must be specific and cannot be more than five business date a member of an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of the date of filing of the date of filing.	than the date of filing: MARCH 1, 2011 (OPTION must be specific and cannot be more than five business date of filing: ARCH 1, 2011)

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)

Typed or printed name of signee