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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATES

2011 FEB 1.7 AM N: 5

C. LEWIS
FEB 1 8 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sequini Guitars, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Carlos Sequini	
	Name of Person
Sequini Guitars, LLC	
<u> </u>	Firm/Company
1709 NIM 79 M/OV	
1708 NW 78 Way	Address
	, redicas
Pembroke Pines, FL 33024	
	ty/State and Zip Code
csequini@hotmail.com E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	e call:
Carlos Sequini	_at (954) 665-1207
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}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

The name of the Limited Liability Company is:
Sequini Guitars, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
A DOMECT DE TRANSPORTE

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1708 NW 78 Way		1708 NW 78 Way			
Pembroke Pines, FL 33024		Pembroke Pines, FL 33024	4		
		red Office, & Registered Agen			
business entity with an active Florida re	egistration.)				
The name and the Florida street	et address of th	e registered agent are:	TAL	Ź) I	Name .
Carlos S	equini		LAH.	FEB	1
	Nai	me	ASS.		100
1708 N	IW 78 W	ay	13. J. O. J. O. J. O. J.	聖	
	Florida street	address (P.O. Box NOT acceptable)	FLO	H	
Pembrok	e Pines	_{FL} 33024	REC	ள	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

		2011 FEB 17 AM H: 51
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECREJARYLOF STATE TALEAHASSEE: FLORID
MGRM	Carlos Sequini	
	1708 NW 78 Way	
	Pembroke Pines, FL 33024	
(Use attachment if necessary)		
CLE V: Effective date, if other than the	date of filing:	(OPTIONAL)
effective date is listed, the date must b 90 days after the date of filing.)	e specific and cannot be more t	han five business days prior
REQUIRED SIGNATURE:	17	
Signature of a member	er or an authorized representative of	f a member.
(In accordance with section 60)	3.408(3). Florida Statutes, the executio	on 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.)

Carlos Sequini

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)