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SECRETARY OF STATE
TAIL AHASSEF, FLORID

J. BRYAN

MAR 1 4 2011

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations	•	
SUBJECT: Gim	enez Enterprises,	LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
Marco (Gimenez		
		Name of Person	
		Firm/Company	
7960 S	W 13 Terrace		TARES TO
		Address	翌三ト
Miami, FI	_ 33144		ASSEE TO THE
		y/State and Zip Code	To T
marco.gin	nenez@yahoo.com		25 2
	E-mail address: (to be used t	for future annual report notification)	10 m
For further information	on concerning this matter, please	e call:	
Marco Gimene	·Z	at (305) 283-2662	
Nar	ne of Person	Area Code & Daytime Tek	ephone 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
Gimenez Enterprises, LLC		
(Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Compan	ıy is:
Principal Office Address:	Mailing Address:	
7960 SW 13 Terrace Miami, FL 33144	7960 SW 13 Terrace Miami, FL 33144	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of t	the registered agent are:	
Marco Gimenez	ame orrace	77
. Ne	ame HET 70	
7960 SW 13 Te		FILE
Florida stree	et address (P.O. Box NOT acceptable)	_
Miami	FL 33144	•
City	y, State, and Zip	
II	d to account complete of muchans for the above stated lin	witaa

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)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Marco Gimenez
	7960 SW 13 Terrace
	Miami, FL 33144
	A PRETTY
	- PH
•	FILOR
(Use attachment if necessary)	RITE OF
(Ose attachment if fiecessary)	₩
CLE V: Effective date, if other than the d	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business days
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member (In accordance with section 608.4 constitutes an affirmation under 1 am aware that any false information.	specific and cannot be more than five business days
CLE V: Effective date, if other than the deffective date is listed, the date must be 0 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member (In accordance with section 608.4 constitutes an affirmation under 1 am aware that any false information.	or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)

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)