## 11000037049

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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03/18/11--01029--013 \*\*130.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Curren MAR 28 2011

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: Eng	gave Gabrie	ed LLC.	
4		ed Liability Company)	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
	espondence concerning this mat		
Enre	que Gabriel	(Name of Person)	
	que Gabriel		
	oster rd	(Address)	
West	- Palm Beach,		
	on concerning this matter, please		
Enrique	Gabrel me of Person)	at ( <u>561</u> ) <u>3/3 – 2</u> (Area Code & Daytime Tele	738
,	,	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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 Ci Tallahassee, FL 32301	rcle .



March 21, 2011

ENRIQUE GABRIEL 1129 FOSTER ROAD WEST PALM BEACH, FL 33407

SUBJECT: ENRIQUE GABRIEL LLC

Ref. Number: W11000015983

We have received your document for ENRIQUE GABRIEL LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the form. It is a required page with signature. I am enclosing the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 711A00006816

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

, ,	
Enreque Gabreel LLC. (Must end with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Enrique Gahriel  1129 Foster rd  West palm Beach, Fl.  33407  ARTICLE III - Registered Agent, Registered  (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	
Enrêque Gabri Name	MAR 28
1129 Foster id	ress (P.O. Box NOT acceptable)
, 1	ress (P.O. Box NOT acceptable)
West Palm Beach	FL 33404 5 5
City, State, ar	nd 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..

Registered Agend'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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member  MGR	Enrique Gabriel  1129 Foster rd  West falm Beach Fl.  32314133407
·	
(Use attachment if necessary)	oto of filings 102/21/11 (OPTIONIAL)
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: <u>03/24///</u> (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	SECRETARY VISION OF C
Signature of a member	pr an authorized representative of a member.
constitutes an affirmation under the I am aware that any false information constitutes a third degree felony a	08(3), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true. State it ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
<u>Enrique</u>	d 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)