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**EXAMINER** 

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CHARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: ACRA ADVISORS LLC
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:
aura Cecilia Pengito-HIVarea
ACRA ADVISORS LLC
5151 Collins ave. Suite Z2
Miami Beach FL 33140
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oura Cecilia Rong at 35 794925  Name of Person  Name of Person  Name of Person
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{S55.00 Filing Fee & Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ (additional copy is e

### **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 is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

**Principal Office Address:** 

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

**Mailing Address:** 

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:
aura Cecilia Renojo-Alvarez
5161 Collins Que apt 808
Florida street address (P.O. Box NOT acceptable)
Mianibach F1 33140
City, State, and 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 Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Mana	iger or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	,
MGR	QUE CECILIA RONGIA- 5161 COLLINS QUE ADT 18 Jugani Beach FI 1331
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
effective date is listed, the date must b O days after the date of filing.)	e specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	·
Signature of a member	er or an authorized representative of a member.
(In accordance with section 608	8.408(3), Florida Statutes, the execution of this document

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

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

constitutes a third degree felopy as provided for in s.817.155, F.Ş.)

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

Typed or printed name of signee