

L11000058298
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000133709 3))



H110001337093ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : DILL & EVANS, P.L.
Account Number : I20090000004
Phone : (772) 589-1212
Fax Number : (772) 589-5212

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 MAY 17 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 MAY 17 AM 11:33

FILED

FLORIDA LIMITED LIABILITY CO.
Castorena, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

J. SAULSBERRY
EXAMINER

MAY 18 2011

(((H11000133709 3)))
**ARTICLES OF ORGANIZATION
OF
CASTORENA, LLC**
ARTICLE I - NAME

The name of the limited liability company is Castorena, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

20 South Bay St.
Fellsmere, FL 32948

Mailing Address:

20 South Bay St.
Fellsmere, FL 32948

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Estella G. Castorena
20 South Bay St.
Fellsmere, FL 32948

FILED
2011 MAY 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated: May 16, 2011

Estela G. Castorena

Estella G. Castorena

(((H11000133709 3)))

(((H11000133709 3)))

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:
"MGR" = Manager
"MGMR" = Managing Member

Name and Address:

MGMR

Estella G. Castorena
20 South Bay St.
Fellsmere, FL 32948

Dated: May 16, 2011

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Estella G. Castorena
Typed or printed name of signee

2011 MAY 17 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(((H11000133709 3)))