

L11000077316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

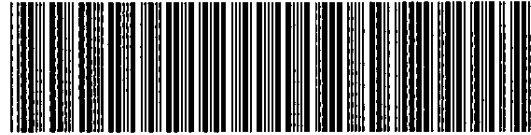
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 5 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RAFAEL'S AUTO REPAIR 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:

**PAUL FRANSON**  
Name of Person

**LEDGERPLUS**  
Firm/Company

**150 SOUTH UNIVERSITY DRIVE, SUITE C**  
Address

**PLANTATION, FLORIDA 33324**  
City/State and Zip Code

**PFRANSON@LEDGERPLUS.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PAUL FRANSON** at ( **954** ) **472-9144**  
Name of Person Area Code & Daytime Telephone Number

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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 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:

**RAFAEL'S AUTO REPAIR LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

2030 SW 71ST TERRACE, C-9  
Fort Lauderdale, Florida  
33317

**Mailing Address:**

2030 SW 71ST TERRACE, C-9  
Fort Lauderdale, Florida  
33317

**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:

GONZALO RAFAEL CARDENAS  
Name

2030 SW 71ST TERRACE, C-9  
Florida street address (P.O. Box **NOT** acceptable)  
Fort Lauderdale FL 33317  
City, State, and Zip

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*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)

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

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

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

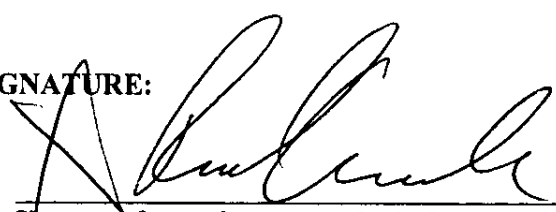
MGR	GONZALO RAFEAL CARDENAS 2030 SW 71ST TERRACE, C-9 Fort Lauderdale, Florida, 33317
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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. 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.)

**GONZALO RAFEAL CARDENAS**  
\_\_\_\_\_  
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)

June 14, 2011

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To whom it may concern:

Please accept this as notification that RAFAEL'S AUTO REPAIR, LLC has no intention of reinstating this existing corporation. If I can provide any further information, please contact me at the address and or telephone number below.



GONZALO R CARDENAS

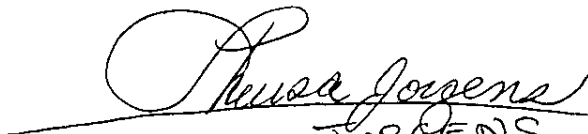
Manager

F I D L C 6 3 5 2 9 6 7 5 3 7 3 0



THERESA MINA JORGENS  
MY COMMISSION # EE 082156  
EXPIRES: June 20, 2015  
Bonded Thru Budget Notary Services

STATE FLORIDA  
COUNTY OF BROWARD



THERESA JORGENS