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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 20 2011

EXAMINER

July 15, 2011

State of Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

FILED
JUL 19 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: ARTICLES OF ORGANIZATION FOR COM. ENTERPRISES, LLC

Dear Gentlemen:

Please, find attached the Articles of Organization for COM. Enterprises, LLC. My contact information is as follows:

Maria V. Ortiz
3806 NW 89th Way
Cooper City, FL 33024
Daytime Phone #: 954-551-5810

Find attached \$130 for Filing Fee and Certificate of Status.

Sincerely,



Maria V. Ortiz
Managing Member
COM. Enterprises
3806 NW 89th Way
Cooper City, FL 33024
Phone: 954-551-5810

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COM. ENTERPRISES, 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:

Maria V. Ortiz

Name of Person

COM. Enterprises

Firm/Company

3806 NW 89th Way

Address

Cooper City, FL 33024

City/State and Zip Code

MVO16@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria V. Ortiz

Name of Person

at (954) 551-5810

Area Code & Daytime Telephone 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COM. ENTERPRISES, 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:

3806 NW 89th Way
Cooper City, FL 33024

Mailing Address:

3806 NW 89th Way
Cooper City, FL 33024

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:

Maria V. Ortiz

Name

3806 NW 89th Way

Florida street address (P.O. Box **NOT** acceptable)

Cooper City

FL 33024

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.

Maria V. Ortiz

7/15/11

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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:

MGRM

Maria V. Ortiz
3806 NW 89th Way
Cooper City, FL 33024

MGR

Cesar A. Ortiz
3806 NW 89th Way
Cooper City, FL 33024

(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:

Maria V. Ortiz 7/15/11
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.)

Maria V. Ortiz
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA