

L11000096315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

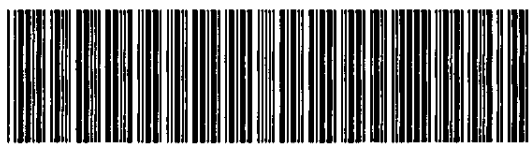
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/09/11--01020--003 \*\*130.00

FILED  
2011 AUG 19 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
AUG 22 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2011

XMENA LOPEZ / COLFERIAS USA LLC  
6289 W SUNRISE BLVD  
114  
SUNRISE, FL 33313

SUBJECT: COLFERIAS USA LLC  
Ref. Number: W11000041809

We have received your document for COLFERIAS USA 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):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00018787

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COLFERIAS USA 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:

XIMENA LOPEZ  
Name of Person

INTERNATIONAL IMMIGRATION ASSISTANCE INC  
Firm/Company

6289 W. SUNRISE BLVD, SUITE # 114  
Address

SUNRISE, FL. 33313  
City/State and Zip Code

ximelol2@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIMENA LOPEZ at (954) 585-8203  
Name of Person 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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

COLFERIAS USA 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:**

2316 NW 30th CT  
OAKLAND PARK  
FL. 33311

**Mailing Address:**

6289 W. SUNRISE BLVD, SUITE #114  
SUNRISE  
SUNRISE FL. 33313

**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:

XIMENA LOPEZ

Name

6289 W. SUNRISE BLVD. SUITE # 114

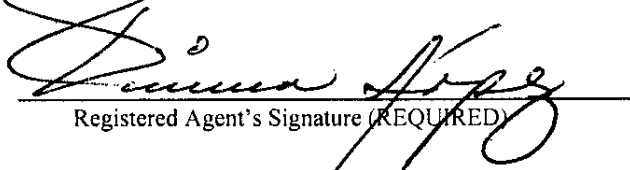
Florida street address (P.O. Box **NOT** acceptable)

SUNRISE FL 33313

City, State, and Zip

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2011 AUG 19 PM 8:25  
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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 AUG 19 PM 8:26

**Title:** "MGR" = Manager  
"MGRM" = Managing Member  
**Name and Address:** SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM OSCAR PEDRO CERON  
2316 NW 30th CT  
OAKLAND PARK FL. 33311 US

MGRM XIMENA LOPEZ  
6289 W. SUNRISE BLVD, SUITE # 114  
SUNRISE FL. 33313

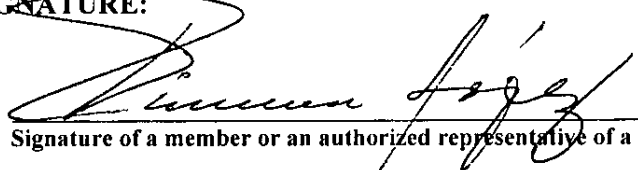
MGRM JORGE RIOS  
6319 NAVAJO TERRACE  
MARGATE FL. 33063 US

MGRM DUZ N. ROJAS  
6506 W. ATLANTIC BLVD  
MARGATE, FL. 33063 US

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/18/2011. (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 § 817.155, F.S.)

XIMENA LOPEZ  
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)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 AUG 19 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**Name and Address:**

MGRM

HECTOR GARZON  
300 LAKEWOOD CIRCLE E. APT B.  
MARGATE FL. 33063 us

MGRM

JOHN BELTRAN  
7816 W. SAMPLE RD.  
CORAL SPRINGS, FL 33065 US

MGRM

JOAQUIN JIMENEZ  
1235 FAIRLAKE TRACE APT # 501  
WESTON FL. 33326. US

\_\_\_\_\_

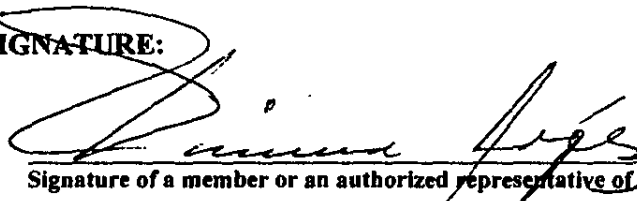
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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XI MENA LOPEZ  
Typed or printed name of signee

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