L11000105823

(Requestor's Name)				
(Address)				
(Audiess)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Bocament Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



400211934914

09/15/11--01032--005 **250.00

RECEIVED

11 SEP 15 PM 2: 13

DIVISION OF CORPORATIONS
TALL MASSIEL FLORIDA

SECRETARY OF STAT

SE IS PM 2: 21



COVER LETTER

то:	Registration Se Division of Cor					
SUBJE	ст: <u> </u>	is A	Hevnand Name of Limi			
The encl	osed Articles of	Organizatio	on and fee(s) are	e submitte	d for filing.	
Please re	eturn all correspo	ondence cor	ncerning this ma	itter to the	following:	
_		Lu	is A	Hev n Name o	dndez	
_		Luis	A Her	Firm/Co	T UC	
-			2715 U	<i>Ve</i> st Add	Jefferson	ST #8
_			Quir	<u>С</u> У, ity/State ar	FL 3235 d Zip Code	1
_		E-mail ad	dress: (to be used	for future	annual report notification	1)
For furth	er information c	oncerning t	his matter, pleas	se call:		
<u>Lui</u>	S A Hern Name o	12nde	7	at (Area Code & Daytime	6013 Celephone Number
Enclose	d is a check for	the follow	ving amount:			
\$125.00 I	Filing Fee		Filing Fee & ate of Status	Cei	5.00 Filing Fee & tified Copy itional copy is enclosed)	Certificate of Status &
		Division P.O. Box	on Section of Corporations		Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LUIS A HEVNANDEZ (Must end with the words "Limited Liabilit	
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2215 West Flerson St #8 (Quincy FL 3235)	2215 West Jefferson ST #8 Quincy FL 32351
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	
Luis A Hern Name	andez
2215 West Florida street addr	Tofferson St #8 ess (P.O. Box <u>NOT</u> acceptable)
<u>Quincy</u> City, Stat	FL 3235 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINU Page 1 of 2	DED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGB .	Luis A Hernandez 2215 West Jefferson St #8 Quincy Fi 32351
MGRM	CARLOS M MORENO FLORES 2215 West Tetrason St 48 Buincy FL 32351
MCRM	CARMEIND VELAZQUEZ 7215 West Jefferson ST# 8 Quincy; F1 37351
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date	te of filing: $\frac{9/15/2011}{2011}$. (OPTIONAL) pecific and cannot be more than five business days prior
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.)

Luis A Hernandez

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)