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To:

Division of Corporations

Fax Number : (950) 617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305) 633-9696

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

Email	Address:	

FLORIDA LIMITED LIABILITY CO. GLORIA TENORIO LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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J. SAULSBERRY

COVER LETTER

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TO: Registration Se Division of Cor						
SURFECT: GLOR	IA TENORIO LL	_C				
		ted Liability Company		-		
The enclosed Articles of	Organization and fee(s) are	submitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
GLORIA 1	<u> TENORIO</u>					
•		Name of Person	-			
GLORIA 1	ENORIO LLC					
	7,13	Firm/Company			201	
10773 NV	/ 58 ST APT 517	7		AH AH	SEP	-11
		Address		TARY ASSE	P 28	**************************************
DORAL, FL	33178			سايل سر		1 [7]
		ity/State and Zip Code			<u>**</u>	Emur-
fleitesoffice@		for future annual report notification	<u> </u>		ာ ထဲ	40 ₄ , .
For further information c	oncerning this marter, pleas	ŕ		D	ప	
GLORIA TENOR	10	st 786 837-116	10			
Name o	f Person	Aron Code & Deytime	clephone 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 Certificate of St Certified Copy (additional copy is	tatus &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons or Circle			

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GLORIA TENORIO LLC

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

ARTICLE II - Address:

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

Principal Office Address: Mailing Address: 10773 NW 58 ST APT 517 10773 NW 58 ST APT 517 DORAL, FL 33178 DORAL, FL 33178 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatuses (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: JULIAN A ARANGO 11344 NW 72 LN Florida street address (P.O. Box NOT a ceptable) DORAL _{FL} 33178 City, State, and Zip

Having been named as registered agent and to accept service of precess for the above stated limited liability company at the place designated in this pertificate, I here by accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and complete performance of my duies, and I am familiar with and accept the obligations of my position as registered agent as poor ded for in Chapter 608. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **GLORIA J TENORIO** 10773 NW 58 ST APT 517 **DORAL, FL 33178** (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 sagnot 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 penaltics 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.5.) JULIAN A ARANGO Typed or printed name of signee Filing Foes:

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

Page 2 of 2

\$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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