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(Re	equestor's Name)	
(Ac	ddress)	<u></u>
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

JAN 5. 2012

EXAMINER

Office Use Only



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11 DEC 30 PH 12: 8 2 SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
-	Molara Morris Name of Person
_	Legasea Distribution Firm/Company
_	10057 Tampa Palms Blud #398
	City/State and Zip Code Notation Region Black E-mail address: (to be used for fluture annual report notification)
For furth	ner information concerning this matter, please call:
NO	Name of Person at (B)3) 3/16-7689 Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00°	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional cop
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:				
The name of the Limited Liability Company is:				
Luis Ropiza	X.LLC.			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		_	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Li	ability	Comp	oany is:
Principal Office Address:	Mailing Address:			
1008 E. Fan: St.	same		_	
33000			<u>-</u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrationsess entity with an active Florida registration.)	ered Agent. You must designate an indiv			
The name and the Florida street address of the re	egistered agent are:			
<u>Nolaha 1</u>	MORT IS			
Name	11 1 0 0			
<u>auio nes</u>	thigh the			
Florida street add	ress (P.O. Box NOT acceptable)			
City, Sta	FL OCC Tet, and Zip			
Having been named as registered agent and to a 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 accept the obligations of my position as regis	his certificate, I hereby accept the In I further agree to comply with Tormance of my duties, and I at	ne appoi n the pro n famili	intmei ovisioi ar wii	nt as ns of all th and
Registered Agent's Signatu	Mount	SECRETAR'	11 DEC 30	entranta de la constanta de la
(CONTINU		Y OF STATEE, FLORI	PH 12:	M
Page 1 of 2		<u>5</u> m	₽;©	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR Wallaging Wello	LUIS ROPIZA
	Tampa, FC 3300
·	
·	
LE V: Effective date, if other t	han the date of filing: (OPTIO
EV: Effective date, if other the date is listed, the date is lays after the date of filing.)	han the date of filing: (OPTION must be specific and cannot be more than five business d
EV: Effective date, if other to fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business d
rective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation of a days are that any false)	must be specific and cannot be more than five business of member or an authorized representative of a member. Stion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ex felony as provided for in s.817.155, F.S.)
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