12000005300

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Estitublesse)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
JAN 11 2012			
EXAMINER			

Office Use Only



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12/19/11--01052--018 **125.00

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SECRETARY OF STATE
TAIL AHASSEF FI OBIO

COVER LETTER

TO:	Registration Division of	n Section Corporations		*		
SUBJE	cr. Inde	pendencia Manage	ement LLC.			
SC PUL	.01		ed Liability Company			
The en	closed Articles	s of Organization and fee(s) are s	submitted for filing.			
Please	return all corre	espondence concerning this matt	er to the following:			
	Gustavo	o Cadena	<u>.</u>			
			Name of Person			
	Indeper	ndencia Asset Man	agement Inc.			
			Firm/Company			
	701 Brid	ckel Ave. Ste 1720				
	Address					
ĺ	Miami, Fl					
			y/State and Zip Code			
	gcadena@	Dindepasset.com E-mail address: (to be used f	for future annual report notification)			
For fur	ther information	on concerning this matter, please	e call:			
Gustavo Cadena		na	at (305) 675-1469			
	Nar	me of Person	Area Code & Daytime Telepl	hone Number		
/Enclos	sed 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 Ci Tallahassee, FL 32301	rcle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2011

GUSTAVO CADENA 701 BRICKELL AVENUE, STE. 1720 MIAMI, FL 33131

SUBJECT: INDEPENDENCIA MANAGEMENT LLC

Ref. Number: W11000063457

We have received your document for INDEPENDENCIA MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on December 19, 2011. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 311A00028468

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Complete and the contract of t
LC
lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
registered agent are:
Ste. 1720
dress (P.O. Box NOT acceptable)
_{FL} 33131
ate, and Zip
accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istened agent as provided for in Chapter 608, F.S

Page 1 of 2

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:			
MGR	Claudio Zichy			
	701 Brickell Ave Ste. 1720			
	Miami, FL. 33131 US			
MGR	Fernando Sanchez			
	701 Brickell Ave Ste. 1720			
	Miami, FL. 33131 US			
MGR	Francisco Herrera			
	701 Brickell Ave Ste. 1720			
	Miami, FL. 33131 US			
MGR	Mario Valdivia			
	701 Brickell Ave Ste. 1720			
	Miami, FL. 33131 US			
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 12/12/2011 . (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.				
constitutes an affirmation under the l am aware that any false informati	(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.)			
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)