1200014496

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

Office Use Only

G. MCLEOD

JAN 31 2012

EXAMINER



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01/30/12--01042--018 **125.00

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SEGRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations	a
SUBJECT: Apparicio Group, LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Colin Apparicio	
	Name of Person
Apparicio Group, LLC	
	Firm/Company
1465 SE 20th Road	
	Address
Homestead, FL 33035	
Cit	y/State and Zip Code
colinscleaningservice@live.com	for future annual report notification)
For further information concerning this matter, please	
Eileen Apparicio	_at (786) 349-0013
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	S155.00 Filing Fee & \$160.00 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

lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
1465 SE 20th Road Homestead, FL 33035
registered agent are: add dress (P.O. Box NOT acceptable) FL 33035 ate, and Zip

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)

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	Name and Address:
"MGRM" = Managing Member	
MGRM	Colin Apparicio
	1465 SE 20th Road
	Homestead, FL 33035
MGRM	Eileen Apparicio
	1465 SE 20th Road
	Homestead, FL 33035
	
(Use attachment if necessary)	
	(OPTION)
LE V: Effective date, if other than the	e date of filing: (OPTIONA
days after the date of filing.)	be specific and cannot be more than five business day
days after the date of hing.)	
DECLIDED CLONATURE	
REQUIRED SIGNATURE:	
71 -7	1/)

(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.)

Eileen Apparicio

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)