# L12000028299

(Req	uestor's Name)	
(Addi	ess)	<del> </del>
(Addi	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
   101200001	6149	

Office Use Only



100222407081

02/20/12--01029--019 \*\*125.00

FILED

12 FEB 27 PM 2: 31

ALLAHASSEE FLORIDA

D. BRUCE

FEB 28 2012

**EXAMINER** 



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2012

OSCAR TREJOS 31 SE 5TH ST. APT 2504 MIAMI, FL 33131

SUBJECT: SHORTSALE EXPERT LLC

Ref. Number: W12000010149

12 FEB 27 PH 2: 31

We have received your document for SHORTSALE EXPERT 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00007571

# **COVER LETTER**

	ration Section on of Corporations		
SUBJECT:	SHORTSALE EXPERT LLC.		
	Name of Limi	ited Liability Company	-
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	(	OSCAR TREJOS	
		Name of Person	
	s	HORTSALE EXPERT LLC.	5-9
		Firm/Company	2 T
	31 \$	SE 5TH ST. APT 2504	82
		Address [7]	₹ <b>7</b>
	MIAN	MI/FLORIDA 33131	記る
	C	ity/State and Zip Code	3
		trejos@hotmail.com for future annual report notification)	
For further infor	rmation concerning this matter, pleas		
	OSCAR TREJOS	at ( 786 ) 973-5081	
	Name of Person	Area Code & Daytime Telephone Number	-
Enclosed is a c	heck for the following amount:		
	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is constituted to the copy is constituted t	atus &
	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

ARTICLE I - Name:

.1.

The name of the Limited	Liability Company	y is:
MIAMI SHORTSALE EXPER	T LLC.	
(Must end w	ith the words "Limited !	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and		he principal office of the Limited Liability Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:
31 SE 5TH ST. APT 2504, MIA	Mi FL 33131	31 SE 5TH ST. APT 2504, MIAMI FL 33131
		77
		<b>元 7</b>
	cannot serve as its own f	Registered Agent. You must designate an individual or another
The name and the Florida	street address of	the registered agent are:
	OSCAR	R TREJOS
	N	Vame 3
	31 SE 57H S	ST. APT 2504
	Florida stree	et address (P.O. Box NOT acceptable)
····		MIAMI FL 33131
	Cit	ty, State, and Zip
liability company at the registered agent and agro statutes relating to the p	ne place designated see to act in this cap proper and complet	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	OSÇAR TREJOS
THE CONTROL OF THE CO	31 SE 5TH ST. APT 2504, MIAMI FL 33131
And the state of t	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date muto or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	SCAR TRETIES
Signature of a m	ember or an authorized representative of a member.
constitutes an affirmation I am aware that any false i	n 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
	OSCAR TREJOS
	Typed or printed name of signee
	STI STI
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)