# L12000028535

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W1200009587

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STURED ARY OF STATE

ALLAHASSEE: FLODING

D. BRUCE
FEB 2 8 2012
EXAMINER



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2012

ISRAEL G. COLON 203 7TH ST DR EAST PALMETTO, FL 34221

SUBJECT: EMPEZANDO DE ZERO L.L.C.

Ref. Number: W12000009587

12 FEB 27 PM \$ 37

We have received your document for EMPEZANDO DE ZERO L.L.C. 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 February 16, 2012. 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00007354

# **COVER LETTER**

то:	Registration Section Division of Corporations	
SUBJE	CT: Empezando De Zero LLC  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:	
	Israel G Colon Name of Person	<del></del>
_	Empezando De Zero L.L.C	
	203 7th St DR East Apt 104	- 1
_	Palmetto Florida 34221 & & City/State and Zip Code	_ 
	Israel Colon 8@ Gmail - Com E-mail address: (to be used for future annual report notification)	•
For furtl	her information concerning this matter, please call:	
<del>,, , , , , , , , , , , , , , , , , , ,</del>	Tsrael G Colon at (813) 455-5779  Name of Person Area Code & Daytime Telephone Number	
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\int_{\text{\$130.00 Filing Fee & Certificate of Status}}\$155.00 Filing Fee & \$\int_{\text{\$160.00 Filing Fee, Certificate of Status}}\$\$  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Empezando DE (Must end with the words "Limited Liabili	Zero L.L.C. ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
203 7th St Apt 109 Palmetto Fl 34221	2037th St Apt 109 Palmetto FL 34721
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual of another
Israel G	(a) w D
203 7+554 Elecido cheat addi	DR EAST APT 109 ress (P.O. Box NOT acceptable)
Palme to	21172
City, Stat	FL 59CC1 re, and Zip
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	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE DAJAL /12

**ARTICLE IV- Manager(s) or Managing Member(s):**The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
_	٠٠
"MGRM" = Managing Member	
(Use attachment if necessary)	
	the date of filing: $\frac{2/2U/12}{}$ . (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:  Signature of a men	nber or an authorized representative of a member,
Signature of a men  (In accordance with section constitutes an affirmation url am aware that any false in	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Signature of a men (In accordance with section constitutes an affirmation un I am aware that any false in constitutes a third degree fe	608.408(3), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true.
Signature of a men (In accordance with section constitutes an affirmation un I am aware that any false in constitutes a third degree fe	608.408(3), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Signature of a men  (In accordance with section constitutes an affirmation ur I am aware that any false interestitutes a third degree fermion of the section	608.408(3), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Signature of a men  (In accordance with section constitutes an affirmation under the section of	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Yael Gold N  Typed or printed name of signee
Signature of a ment of a m	608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)  Yael Gold N  Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)