(Requestor's Name)		
(Address)		
(Address)		
(Cit	:y/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Eiling Officer:	
Special instructions to		
	A.	LUNT
	МА	R - 2 2011
EXAMINER		
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIZAKRO KEAL ESTATE LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alvaro PIZARRO Name of Person
PIZARRO REAL ESTATE LLC Firm/Company
9625 NW 26TH CT.
Address Soc 2
CORAL SPRINGS FL 33065 City/State and Zip Code
alvero & rygnested net
E-mail atteress: (to be used for future annual report notification) For further information concerning this matter, please call:
Alucro PIZARRO at 754 484-73 14 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\simeq \simeq \si
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:

The name of the Limited Liability Company is:

PIZARRO REAL ESTATE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	DIZ HA	
9625 NW 261H COURT CORAL SPRINGS, FL 33065	9625 NW ZGTH CORAL SPRINGS,	(d) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
ARTICLE III - Registered Agent, Registered	l Office. & Registered Agent	's Signatures	T.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Alvano Pizarro

Name

9625 NW 267H (OURT

Florida street address (P.O. Box NOT acceptable)

CORPL SPRINGS FL 33065

City, State, 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..

egistered 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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	SSEE. FLO
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
REQUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	.408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In a document to the Department of State of as provided for in s.817.155, F.S.)
HIVONO Typ	PIZARIO ped 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)