L120000000009

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED
12 MAY 16 MM DE 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 17 2012

EXAMINER



May 1, 2012

CESAR HURTADO 5770 SOUTH WEST 52 SOUTH MIAMI, FL 33155

SUBJECT: CEASAR'S CUSTOM INTERIORS LLC

Ref. Number: W12000023835

We have received your document for CEASAR'S CUSTOM INTERIORS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 912A00013085



COVER LETTER

Registration'Section'

TO:

Division of C	orporations					
_{subject:} Ceas	ar's Custom Interi	ors LLC				
50DDE1		d Liability Compa	iny		.	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing	ŗ.			
Please return all corres	pondence concerning this matte	er to the following	:	-		
Cesar H			<u></u>			
		Name of Person			•	
Ceasar's	Custom Interiors	LLC	•			
		Firm/Company			٠	
5770 So	uth West 52 Terrac	e				
	<u> </u>	Address		AL		_
0 4 14				22 22 23	2 HA	*****
South Mia	mi, Florida 33155	/State and Zip Code		- E	_=	
oburtodoir/	•	75tate and Zip Code		RY SEE	9	
Churtadojn	Dbellsouth.net E-mail address: (to be used for	or future annual reno	ort notification)	- ''' C	30	T
The Constant of the Constant			,	STATE	₩	
For further information	concerning this matter, please	can:		Ā	2	
Cesar Hurtado	<u></u>	at (305	970-9620		_	
Name	of Person	Area Code	& Daytime Telephone Nu	mber		
Enclosed is a check t	or the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py Certifi y is enclosed) Certifi	00 Filing icate of St ied Copy mal copy is	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding centive Center Circle see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	LE]	[-]	Va	me:
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The name of the Limited Liability Company is:

Ceasar's Custom Interiors LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
5770 South West 52 Terrace	5770 South West 52 Terrace South Miami, Florida 33155	
South Miami, Florida 33155	South Miami, Florida 33 133	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	ed Office, & Registered Agent's Signature gistered Agent. You must designate an individual or another	e: er
The name and the Florida street address of the Cesar Hurtado		70 E
Nam	ne SSA O	7
5770 South Wes		
Florida street a	address (P.O. Box NOT acceptable)	
South Miami	address (P.O. Box <u>NOT</u> acceptable)	
City, S	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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

2.33

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ıber
MGRM	Ceasar Hurtado
	5770 South West 52 Terrace
	South Miami, Florida 33155
	
·	
	
	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	
Signature of	f a member or an authorized representative of a member
constitutes an affirmation of the constitutes and the constitutes a third de	section 608.408(3), Florida Statutes, the execution of this document of this document of the penalties of perjury that the facts stated herein afetyue. False information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)
Cesar A	A Hurtado
	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)