# #1/2000/7464/

|                         | •                    |             |
|-------------------------|----------------------|-------------|
| (Re                     | equestor's Name)     | <del></del> |
|                         |                      |             |
| (Ad                     | ldress)              |             |
| (2)                     | :<br>Idress)         |             |
| (^0                     | raiess)              |             |
| (Cit                    | ty/State/Zip/Phone # | )           |
| PICK-UP                 | ☐ WAIT               | MAIL        |
|                         |                      |             |
| (Bu                     | siness Entity Name)  | 1           |
| · (Do                   | ocument Number)      |             |
| (50                     | ourient Humbery      |             |
| Certified Copies        | _                    | Status      |
|                         |                      |             |
| Special Instructions to | Filing Officer:      |             |
|                         |                      |             |
|                         |                      |             |
|                         | •                    |             |
|                         |                      |             |
|                         |                      |             |
|                         |                      |             |

Office Use Only



000235794510

7 .

06/04/12--01010--020 \*\*125.00

12 JUNI -4 PM I2: 13
SECRETARY OF STATE
SECRETARY OF STATE

K.SALY EXAMINER IUN & 2018



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2012

ANDRES ORJUELA 723 14TH PLACE MIAMI BEACH, FL 33139

SUBJECT: ANDRES SOLE LLC Ref. Number: W12000028789

We have received your document for ANDRES SOLE 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.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 712A00015156

## **COVER LETTER**

| TO:              | Registration Section Division of Corporations  |
|------------------|--|
| SUBJE            | Name of Limited Liability Company  |
| The end          | closed Articles of Organization and fee(s) are submitted for filing.   |
| Please           | return all correspondence concerning this matter to the following:   |
|                  | Andres Orjuela Name of Person  |
|                  | Andres Sole LLC Firm/Company   |
|                  | 723 14th place Apt. 15   |
|                  | Miami Beach, FL 33139  City/State and Zip Code  miamilun ches the special @gmail. com  E-mail address: (to be used for future annihal report notification)   |
| Ear Gu           | E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:   |
|                  | Andrés Orjuela at (305) 586 4077  Name of Person Area Code & Daytime Telephone Number  |
| Enclos           | sed is a check for the following amount:   |
| <b>\$125.0</b> 0 | Filing Fee \$\bigsup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$  Certificate of Status \$\bigsup \\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  Certified Copy (additional copy is enclosed) |
|                  | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee El 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

| Andres | Sole LLC   |  |
|--------|--|--|
|        | the words "Limited Liability Company, "L.L.C.," or "LLC.") |  |

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| The mailing address and street address of the principle.   | ncipal office of the Limited Liability Company is:     |
|--|--|
| Principal Office Address:  | Mailing Address:                                       |
| 723 14th place Apt. 15<br>Miami Beach, FL 33139  | 723 14th place Apt.15<br>Miami Beach, FL 33139         |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | red Agent. You must designate an individual or another |
| The name and the Florida street address of the re  Andrés Orjuname  Name  773 14th place   | • • • • • • • • • • • • • • • • • • •                  |
| Mian'i Beach   | ess (P.O. Box NOT acceptable)  FL 33 39  e, 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:

| Andrés Orjuela<br>723 14th place Apt.15<br>L'ami Beach FL 33139                            |
|--|
| 123 14th place, Apt.15<br>Trans Beach, FL 33139  |
| 123 14th place, Apt.15<br>Trans Beach, FL 33139  |
| tiani Beach, FL 33139  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| of filing: (OPTION ific and cannot be more than five business da                           |
|  |
|  |
| I Ose  |
| a authofized representative of a member.   |
| authofized representative of a member.  A printed name of signee  A 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)