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12 JUN 18 PM 12: 57
SECRETARY OF STATE
TALL MIN SEEF ELOOP.

C. LEWIS

JUN 1 9 2012

EXAMINER

COVER LETTER

TO: , Registration of	on Section Corporations	en e	
SUBJECT: Altos	Peru LI C	•	
SUBJECT: /mod		ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
Daniel G.	Vasquez		
		Name of Person	
Altos Peru	ı, LLC.		
<u></u>		Firm/Company	
18872 NV	V 24th Court		
		Address	
Pembroke	Pines, Florida 33029		
1 01110110		ty/State and Zip Code	
altosperu@	gmail.com		
-	E-mail address: (to be used	for future annual report notification)	
For further informati	on concerning this matter, pleas	e call:	
Daniel G. Vasqu	lez	at (305) 747-4093	
Na	me of Person	Area Code & Daytime Telephone Numb	er
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy topy is enclosed)
	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:		
Altos Peru, LLC.		
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited Liability	Company is:
•	•	
Principal Office Address:	Mailing Address:	
8872 NW 24th Court	18872 NW 24th Court	
Pembroke Pines, Florida 33029	Pembroke Pines, Florida 33029	_ _
		<u></u>
ADDICE THE DOLLAR AND A SECOND ASSECTION ASSECTION ASSECTION AS SECOND ASSECTION A	00m	4
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or ar	iure: nother
The name and the Florida street address of the re	egistered agent are:	€ ₹
Daniel G. Vasquez		
Name	73	FILED 12 JUN 18 PM 12: 57
18872 NW 24th Court	ress (P.O. Box NOT acceptable) FL33029 te, and Zip	R PE
	ress (P.O. Box NOT acceptable)	; 55 ; 55 ; 57
Pembroke Pines	FL33029	; .x i .x
	te, and Zip	· 7
Having been named as registered agent and to a 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 accept the obligations of my position as regis Registered Agent's Signature (CONTINE)	his certificate, I hereby accept the appoint I further agree to comply with the proformance of my duties, and I am familiated agent as provided for in Chapter (REQUIRED)	intment as ovisions of all ar with and

Page 1 of 2

<u>Title:</u>	Name and Address: 12 JUN 18 PM 12
"MGR" = Manager	SECRETARY OF A
"MGRM" = Managing Member	SECRETARY OF ST TALLAHASSEE, FLO
President MGRM	Alexander Piotraszewski
	Avenida Pilcomayo 420
	Brena, Lima, Peru
Vice President MGR	Pedro Luis Padilla
	Avenida Pilcomayo 420
	Brena, Lima, Peru
MGRM	Daniel G. Vasquez
	18872 NW 24th Court
	Pembroke Pines, Florida 33029
(Use attachment if necessary)	
• •	he date of filing: . (OPTIONA)
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	he date of filing: (OPTIONAL be specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	be specific and cannot be more than five business days ber or an authorized representative of a member. 08.408(3), Florida statutes, the execution of this document
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	ber or an authorized representative of a member. 08.408(3), Florida statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	ber or an authorized representative of a member. 08.408(3), Florida statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)