

L120WU85652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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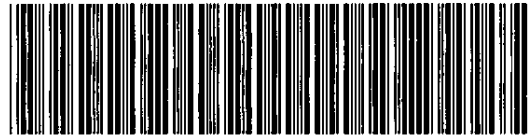
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 26 PM 2 48

EFFECTIVE DATE

7/1/2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: France Services & Repairs 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:

EFFECTIVE DATE

7/1/2012  
12 JUN 26 PM 2:48

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Pastor A. Garcia

Name of Person

France Services & Repairs LLC

Firm/Company

18378 NW 75th Path

Address

Miami Lakes, FL 3315

City/State and Zip Code

alex.1209@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pastor A. Garcia

Name of Person

or Ana

Diaz

at

(954) 642 6742

Area Code & Daytime Telephone Number

786 319 8599

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy 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

EFFECTIVE DATE 7/1/2012

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

France Services & Repairs LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUN 26 PM 2:48

ARTICLE II - Address:

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

Principal Office Address:

18378 NW 75th Path  
Miami Lakes, FL 33015

Mailing Address:

14650 SW 41 street  
Miramar, FL 33027

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:

Ana I. Diaz

Name

14650 SW 41 street

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

Miramar

FL

33027

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..*

Ana I. Diaz

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Pastor A. Garcia  
18378 NW 75th Path  
Miami Lakes, FL 33015

MGRM

Pastor A. Garcia  
18378 NW 75th Path  
Miami Lakes, FL 33015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7-1-12 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Pastor A. Garcia

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)**