

L1Z000085846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

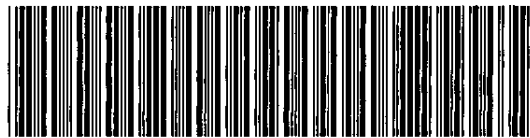
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUN 29 2012

EXAMINER



600236225296

06/15/12--01012--017 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUN 15 PM 3:17

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Santiago-Solutions, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSET LUGO  
Name of Person

Santiago-Solutions, LLC  
Firm/Company

889 Isar Ave, NW  
Address

Palm Bay, Florida 32907  
City/State and Zip Code

suemee.sue@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suset Lugo at 305) 305-8771  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125 Filing Fee ☐ \$130 Filing Fee & ☒ \$155 Filing Fee & ☐ \$160 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status &  
Certified Copy

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUN 15 PM 3:13

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUN 15 PM 3:17

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Santiago-Solutions, 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:**

889 Isar Ave NW

Palm Bay, FL

32907

**Mailing Address:**

889 Isar Ave NW

Palm Bay, FL

32907

**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 Florida street address of the registered agent are:

SUSET LUGO

Name

889 Isar Ave, NW

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

Palm Bay, FL 32907

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..*

  
\_\_\_\_\_  
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:**

Managing Member

SUSET LUGO

889 Isar Ave NW

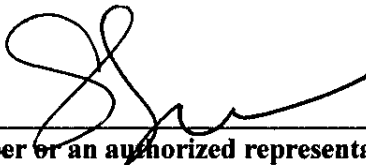
Palm Bay, FL 32907

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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 608.403(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 documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

SUSET LUGO

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees**

**\$125 Filing Fee for Articles of Organization and Designation or Registered Agent**

**\$30.00 Certified Copy (Optional)**

**\$5.00 Certificate of Status (Optional)**

FILED STATE  
SECRETARY OF CORPORATIONS  
12 JUN 15 PM 3:12