# 2/2000/390/2

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	A. LUNT

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**EXAMINER** 



900241226179

10/29/12--01006--015 \*\*130.00

##12 OCT 29 PH # 3 3

## **COVER LETTER**

	on Section f Corporations		
SUBJECT:	Guide Star Name of Limite	Eechnologies ed Liability Company	S
The enclosed Articl	es of Organization and fee(s) are s	submitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	William	Herrera Name of Person	
		Name of Ferson	
	7901 HISDE	Firm/Company AND Are # 19	103 AFE 8
N		Address  1e FL 331  //State and Zip Code	AN SEE PH
	L) herrera Old E-mail address: (to be used for	Nide Lech. Com- or future annual report notification	STATE PRIDE
For further informat	ion concerning this matter, please	call:	
William	Herrera ume of Person	at ( <u>305</u> ) <u>776</u> — Area Code & Daytime Telep	- 8187 phone Number
Enclosed is a chec	k 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 C Tallahassee, FL 32301	

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Li	ability Company is:				
Guide Sta	ar technol	ogics Lity Company, "L.L.C.," or	LC		
(Must end with	the words "Limited Liabil	ity Company, "L.L.C.," or	"LLC.")	足の 壁	
ARTICLE II - Address: The mailing address and stre	eet address of the pr	incipal office of the	Limited Li		npan <del>y is:</del> .
Principal Office Address:		Mailing Address:	<u>.</u>	29 PR	
790/ hispanola #1903 North Bay V	Ave	7901 Hisp # 1903 No	panola 17th Bay	AVC W	, FL
FL 33141 '		33141			
ARTICLE III - Registered (The Limited Liability Company can business entity with an active Florid	not serve as its own Regist				
The name and the Florida st	reet address of the r	egistered agent are:			
$\omega$	illiam Her	rera	<del></del>	•	
	Name			<b>.</b> 1/1	/
7901	hi Spanola	HVe # 1903 lress (P.O. Box <u>NOT</u> acc	Worth centable)	Bay VII	11age, FL
North Bay V	illage City, Sta	FL 33141 atc, and Zip			
Having been named as regi liability company at the p registered agent and agree t statutes relating to the pro accept the obligations of	place designated in to to act in this capacity per and complete pe	his certificate, I herei v. I further agree to c rformance of my duti	by accept the comply with les, and I an	ne appointm the provision familiar w	ent as ons of all vith and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

MGR William Herrera - 7901 Hispanola Ave #1903 North Bay Village FL 33141  ACC 20 AAST	"MGR" = Manager "MGRM" = Managing Member	
120CT 29 PM 2 1CAHASSEE FLO	MGR	Hispanola Ave #1903
12 OCT 29 PM 2 10 CETANY BF ST 12 NHASSEE FLO		
		IZ OCT LC (A A A A A A A A A A A A A A A A A A A
	(Use attachment if necessary)	95 Y

**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.)

William Herrera
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)