L12000144973

(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:
Special instructions to Fitting Officer.
·



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2012 HOV 15 AN IO: 42
SECRETARY OF STATE
NHASSEE, FLORIDA

J. BRYAN

NOV 16 2012

EXAMINER

COVER LETTER

SUBJECT: LOS MAGOS PROFE		LLC
Name of Limi	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
ARNEY PEREZ		
	Name of Person	
LOS MAGOS PROFESSI	ONAL PAINTING LL	C TAST
	Firm/Company	- CR - 3
1960 NW 22 CT		15
	Address	Eng =
MIAMI, FL 33125		N 15 AM IO: 42
	ity/State and Zip Code	(g) 7
ARNEY14AA@MAIL.COM	for future annual report notification)	<u> </u>
For further information concerning this matter, pleas	·	
ARNEY PEREZ	786 \ 346-2190	
Name of Person	Area Code & Daytime Teleph	none Number
Enclosed is a check for the following amount:		
\$\sigma\$\]\$125.00 Filing Fee \$\sum_\$130.00 Filing Fee &	\$155.00 Filing Fee &	\$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed)	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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 26, 2012

ARNEY PEREZ 1960 NW 22 CT MIAMI, FL 33125

SUBJECT: LOS MAGOS PROFESSIONAL PAINTING LLC

Ref. Number: W12000054897



We have received your document for LOS MAGOS PROFESSIONAL PAINTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 26, 2012. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00026328

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

LOS MAGOS PROFESSIONAL PAINTING 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:	Mailing Address:	
1960 NW 22 CT MIAMI, FL 33125	1960 NW 22 CT MIAMI, FL 33125	
(The Limited Liability Company cannot set business entity with an active Florida regi	ent, Registered Office, & Registered Agent's rve as its own Registered Agent. You must designate an individual stration.) address of the registered agent are:	
ARNEY P	EREZ	
	Name	55 5
1960 NW 22 CT		11.1
	Florida street address (P.O. Box NOT acceptable)	言る
MIAMI	_{FL} 33125	Mo. 13
	City, State, and Zip	Om D

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Men	nber
MGR	ARNEY PEREZ
	1960 NW 22 CT
	MIAMI, FL 33125
MGRM	ARMANDO PEREZ
	1960 NW 22 CT
•	MIAMI, FL 33125
	TASE DE
	- 55 世
•	(047)
	EFG ROS
	<u> </u>
(Use attachment if necessary	
. (334 4334 11134 11 11 11 11 11 11 11 11 11 11 11 11 11	
CLE V: Effective date, if othe	er than the date of filing: (OPTIONAL)
	te must be specific and cannot be more than five business days prior
90 days after the date of filing.	.)
REQUIRED SIGNATURE	Ē: ()
	\bigcirc . \bigcirc
Signature	of a member or an authorized representative of a member.
_	
(In accordance with s	section 608.408(3), Florida Statutes, the execution of this document

(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.)

ARNEY PEREZ

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)