Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000285331 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Phone

Account Number: 072450003255 (305) 634-3694

Fax Number

(305) 633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings, Enter only one email address please. \*\*

Email	Address	:
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FLORIDA LIMITED LIABILITY CO. EMPRESAS VILLAR USA LLC

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\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

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https://efile.sunbiz.org/scripts/efilcovr.exe

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(850) 245-6051.

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

. EMPRESAS VILLAR USA

Name of Limited Liability Company

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

Please return all correspondence concerning this metter to the following:

## MARIA C MAGARINO

Name of Person

Firm/Company

2200 SW 9TH AVENUE

Addres

**MIAMI FL 33129** 

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA C MAGARING

**",305** 

244-7855

Anna Code & De

Enclosed is a check for the following amount:

\$125.00 Filing Fee

□\$130.09 Filing Fee & Cortificate of Status

☐\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

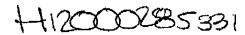
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Cirole
Tallabassee, Fl. 32301

HR000286331 2102/90/21

FLORIDA LIMITED LIABILITY COMPANY
SECUL ANALYSIS
bility Company, "L.L.C.," or "LLC.")
principal office of the Limited Liability Company is:
Mailing Address:
900 NW 22 STREET
MIAMI FL 33127
registered agent are:
Address (D.O. D NOW.
ddress (P.O. Box NOT acceptable)
FL
State, and Zip
o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of ele performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S



Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	MARIA C MAGARINO
	900 NW 22 STREET
	MIAMI FL 33127
	MOLEL ALE IANGGO VILLAD
MGRM	MIGUEL ALEJANDRO VILLAR
	900 NW 22 STREET  MIAMI FL 33127
	MIAMI FL 33127
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LE V: Effective date, if other than the	date of filing: (OPTIONA
LE V: Effective date, if other than the effective date is listed, the date mus	e date of filing: (OPTIONAl be specific and cannot be more than five busines
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LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the accordance with section 60 constitutes an affirmation under	er of an authorized representative of a member.  8:408(3), Florida Statutes, the execution of this document rules pepalities of perjury that the faces stated herein are true.
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