613000019979

, (Re	equestor's Name)
- (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Pho	ne #\
		MAIL
_	_	_
(Bu	isiness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificat	es of Status
Special Instructions to	Filing Officer:	
		FEB - 7 2013
`		A. LUNT

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Lope	ez Managem	at Services L ed Liability Company	LC
	Name of Limite	ed Liability Company	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	2013 FEB SEUTE TALLAH!
Please return all correspo	ondence concerning this matte	er to the following:	年
Heck	or E Lopa	્ર	SSE P
	V	Name of Person	SIAIE LORIU
		Firm/Company	<u></u>
1380 3	Sw 82 nd	Terrace #7	//
-		Address	
PISATA	Sion, PL 37	3324	
1	City	y/State and Zip Code	
<u>heck</u>	021 0) hot n	or future annual report notification)	
	oncerning this matter, please		
Heckor Li	per Con Control of Person	at (954) US4 - 60 Area Code & Daytime Telephone	Number
·	1 7 013011	Their court to buy time Totephone	
	r the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	50.00 Filing Fee, rtificate of Status & rtified Copy ditional 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	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailing address and street address of the prir	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1380 SN 82 Terrace #711 Pkntation, PL 37324	85me
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	gistered agent are:
Hector Lope: Name 1380 SW 82 Ter	
Name	
1380 SW 82 Ter	79ce # 7/1
Florida street addre	ess (P.O. Box NOT acceptable)
Plantations City, State	FL 33324
City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	scept service of process for the above stated limited is certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-Manager(s) or Managing Member(CLE IV- Manager(s) or Managing Member(s	RTICLE IV	A
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGNM	Hector E. Lopez 1380 SH 82nd Terrace H711 Plantation, PL 33324
<u> </u>	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	HASSES P
(Use attachment if necessary)	F S FATE CORNEY
FICLE V: Effective date, if other than t an effective date is listed, the date mu or to or 90 days after the date of filing.	ust be specific and cannot be more than five business d

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.)

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)