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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

EFFECTIVE DATE

02/11/13

FEB 12 2013

D. BRUCE

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SAVAGOMO LLC**  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

**EVERARDO GOMEZ**

Name of Person

**SAVAGOMO LLC**

Firm/Company

**5321 NW 123RD TERR**

Address

**CORAL SPRINGS, FL. 33076**

City/State and Zip Code

**SAVAGOMOLLC@GMAIL.COM**

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

For further information concerning this matter, please call:

**EVERARDO GOMEZ**

Name of Person

at **954 4716278**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SAVAGOMO 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:**

5321 NW 123RD TERR

CORAL SPRINGS, FL. 33076

**Mailing Address:**

5321 NW 123RD TERR

CORAL SPRINGS, FL. 33076

**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 the Florida street address of the registered agent are:

EVERARDO GOMEZ

Name

5321 NW 123RD TERR

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

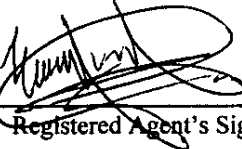
CORAL SPRINGS, FL FL 33076

City, State, and Zip

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*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)

Page 1 of 2

EFFECTIVE DATE 02/11/13

**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

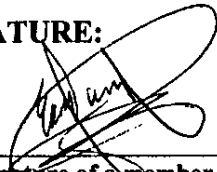
**Name and Address:**

Manager is myself - EVERARDO GOMEZ  
5321 N.W. 123 Ter.  
COIAL Springs, FL 33076

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/11/13. (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 608.408(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.)

EVERARDO GOMEZ

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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**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)

**EIN Assistant**

Your Progress: 1. Identity 2. Authenticate 3. Addresses 4. Details 5. EIN Confirmation

**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned: **46-1989780**

Legal Name: **SAVAGOMO LLC**

**IMPORTANT:**

**Save and/or print this page and the confirmation letter below for your permanent records.**

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.



**[CLICK HERE for Your EIN Confirmation Letter](#)**

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