

L13000025621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

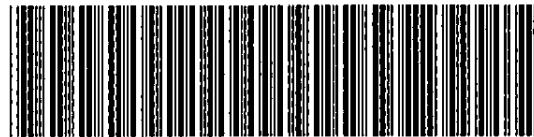
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE 02/19/13



000242992400

02/19/13--01004--008 \*\*125.00

RECEIVED

13 FEB 19 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

13 FEB 19 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 19 2012

D. BRUCE

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JOSUE SANCHEZ CONSTRUCTION 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:

**Josue Sanchez**

Name of Person

Firm/Company

**925 E Magnolia Dr Apt R7**

Address

**Tallahassee, Florida 32301**

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )

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

FILED  
13 FEB 19 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Josue Sanchez Construction 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:

925 E Magnolia Drive Apt R7

Tallahassee, Florida 32301

### Mailing Address:

## 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:

Josue Sanchez

Name

925 E Magnolia Dr Apt R7

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

Tallahassee, Florida 32301

City, State, and Zip

*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..*

Josue Sanchez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 02/19/13

FILED  
13 FEB 19 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGR

Josue Sanchez

925 E Magnolia Drive Apt R 7

Tallahassee, Florida 32301

Managing Member

Cora Estela Mejia Oreilana

925 E Magnolia Dr Apt R7

Tallahassee, Florida 32301

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 19, 2013. (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.)

Josue Sanchez

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 FEB 19 AM 11:46  
FILED