

L13000038299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

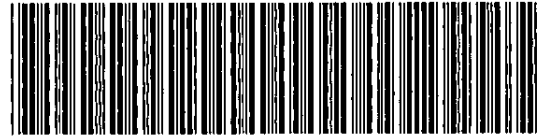
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200245569932

03/12/13--01025--026 \*\*155.00

FILED

13 MAR 12 PM 12:12

CLERK OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 13 2013

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: POLANCO PARTNERS 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:

**Julia Greenberg-Aguilar**

Name of Person

**MyUSACorporation.com**

Firm/Company

**40 Exchange Place STE 1301**

Address

**New York, NY 10005**

City/State and Zip Code

**jose20@cantv.net**

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

For further information concerning this matter, please call:

**Julia Greenberg-Aguilar**

Name of Person

at ( **877** ) **330-2677**

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 MAR 12 PM 12:12  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**POLANCO PARTNERS 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:

2333 BRICKELL SUITE  
SUITE D1  
MIAMI, FL 33129

#### Mailing Address:

2333 BRICKELL SUITE  
SUITE D1  
MIAMI, FL 33129

### 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:

Incorp Services, Inc

Name

17888 67th Court North

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

Loxahatchee

FL 33470

City, State, and Zip

FILED  
13 MAR 12 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOSE LUIS MOLINA  
2333 BRICKELL SUITE, SUITE D1  
MIAMI, FL 33129

MGRM

JOSE GREGORIO MOLLEJA  
2333 BRICKELL SUITE C/O J L MOLINA SUITE D1  
MIAMI, FL 33129

MGRM

YOLIMAR ARBELO  
2333 BRICKELL SUITE C/O J L MOLINA SUITE D1  
MIAMI, FL 33129

MGRM

GREYLA ALVAREZ  
2333 BRICKELL SUITE C/O J L MOLINA SUITE D1  
MIAMI, FL 33129

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Julia Greenberg-Aguilar (Authorized Representative)

Typed or printed name of signer

**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)**

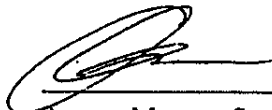
**SPECIAL AND REVOCABLE  
LIMITED POWER OF ATTORNEY**

TO ALL PERSON, be it known, that INCORP SERVICES, INC., A Nevada corporation as Grantor, does hereby make and grant a limited and specific power of attorney to Julia Greenberg-Aguilar and appoint and constitute said individual as my attorney-in-fact.

My named attorney-in-fact shall have full power and authority to undertake, commit and perform only the following acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation in the presence:

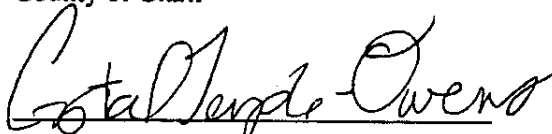
Authority to accept appointment as registered agent on behalf of InCorp Services, Inc. (a Nevada Corporation) for entities which \*Selene Enterprises LLC dba MyUSA corporation.com\* have purchased agent service on through their account with InCorp Services, Inc.

TERMINATION: Unless sooner revoked or terminated by me, the Special Power of Attorney shall become NULL and VOID from and after December 31, 2013.

  
Aurora Murtey, Secretary

Dated: December 10, 2012

Signed in my presence this the 10<sup>th</sup> day of December 2012 by Aurora Murtey, State of Nevada  
County of Clark

  
Notary Public in the State of Nevada



FILED  
13 MAR 12 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA