## #L13000039469

(Re	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<del> </del>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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K.SALY EXAMINER MAR 1 5 2013

## **COVER LETTER**

	ration Section on of Corporations			
SUBJECT:	Adrian Perez, LL	C.		
SUBJECT		ited Liability Comp	oany	-
The enclosed A	rticles of Organization and fee(s) are	e submitted for filin	g.	
Please return al	correspondence concerning this ma	atter to the following	g:	
Adr	ian Perez			
<del>,</del>	·	Name of Person		
<u>.,</u>		<del>, , ,</del>		
		Firm/Company		
<u>333</u>	6 8th St			
		Address		
Sar	asota, Fl 34237			
ahiaa		City/State and Zip Coo	le	
Cnica	nito60@gmail.com  E-mail address: (to be used	d for future annual rep	port notification)	
For further info	rmation concerning this matter, plea	se call:		
Adrian	Perez	<sub>at</sub> 941	539-8527	
	Name of Person	Area Cod	le & Daytime Telephone Number	-
Enclosed is a	check for the following amount:			
□\$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	Certified Co	_	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra S Division Clifton 2661 Ex	Courier Address  Ition Section In of Corporations Building Recutive Center Circle Sec, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Adrian Perez, LLC.	
(Must end with the words "Li	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3336 8th St	9564 Galaxie
A . El 0/007	
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
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ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street addres  Brent Karweck  902 Mill Creek Rd	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.  The name and the Florida street addres  Brent Karweck  902 Mill Creek Rd	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:  Name  Name  a street address (P.O. Box NOT acceptable)

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

## **ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

attachment if necessary)	rian Perez 36 8th St rasota, FI 34237
attachment if necessary)	36 8th St
attachment if necessary)	
attachment if necessary)	rasota, FI 34237
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Effective date, it other than the date of	f filing: (OPTION
e date is listed, the date must be spe days after the date of filing.)	ecific and cannot be more than five busin
<b>3</b> 7	<i>(</i> )
<u>UIRED</u> SIGNATURE:	
	/
Mara Kl	
<del>-</del>	authorized representative of a member.
constitutes an affirmation under the pena	Elerida Statutes, the execution of this document alties of perjury that the facts stated herein are true.
constitutes an affirmation under the pena	Ifties of perjury that the facts stated herein are true. bmitted in a document to the Department of State

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)