

L13000056517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

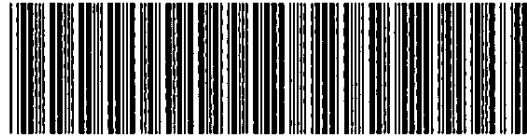
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Office Use Only

APR 17 2013

B. KOHR



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04/17/13--01006--015 \*\*160.00

EFFECTIVE DATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 APR 17 PM 1:57

FILED

(850) 245-6051.

**COVER LETTER****TO: Registration Section  
Division of Corporations****EFFECTIVE DATE** 4/11/2013**SUBJECT: PESCAITO EXPRESS, 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:

**LUCY CRUCES**

Name of Person

**PESCAITO EXPRESS, LLC.**

Firm/Company

**1565 WEST FLAGLER STREET**

Address

**MIAMI, FL 33135**

City/State and Zip Code

**INFO@PESCAITOEXPRESS.COM**

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

For further information concerning this matter, please call:

**LUCY CRUCES**

Name of Person

at ( **786** ) **379-0996**

Area Code &amp; 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

1585 W FLAGLER STREET  
MIAMI, FL 33135  
PH: (305)849-9962  
FAX: (305)831-1218

**J.C. AUTO SALES,  
INC.**

**Fax**

EFFECTIVE DATE 4/4/2013

**FILED**  
13 APR 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:  
**Mr. Buck**

From: William Sanchez

Fax: 1-850-245-6030

Pages: 7 including cover sheet

Phone: 1-850-245-6914

Date: 04-17-2013

Re: *\* New changes*  
*Final Application.* cc:

☐ Urgent ☒ For Review ☒ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Thank you for your help.

Call me when its done!!

Office 305-649-9962  
cell 786-210-8420

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

EFFECTIVE DATE 4/11/2013PESCAITO EXPRESS, 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:**2575 SW 67TH AVENUEMIAMI, FL 33155**Mailing Address:**1565 WEST FLAGLER STREETMIAMI, FL 33135FILED  
13 APR 17 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**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:

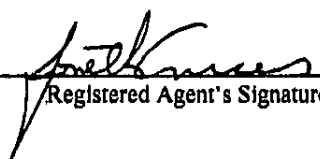
IONETH CRUCES

Name

2900 SW 101ST COURTFlorida street address (P.O. Box **NOT** acceptable)MIAMIFL33165

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..*

  
\_\_\_\_\_  
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:**

MGR

LUCY CRUCES

4016 NE 15 STREET

HOMESTEAD, FL 33033

MGRM

IONETH CRUCES

2900 SW 101 CT

MIAMI, FL 33165

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 04/11/2013 (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.)

  
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)**

THIS DOCUMENT HAS A GRADUATED BACKGROUND. DARK TO LIGHT. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

**J.C. AUTO SALES, INC.**  
1885 W FLAGLER ST  
MIAMI, FL 33135  
305-640-4000

**Commercial Bank**  
220 Alhambra Cir 12th Fl  
Coral Gables, FL 33134  
305-640-4000

21543

DATE 04/11/2013

PAY TO THE ORDER OF: FLORIDA DEPARTMENT OF STATE

ONE HUNDRED SIXTY DOLLARS AND 00/100

\$ 160.00 DOLLARS

FLORIDA DEPARTMENT OF STATE

Memo sunbiz corp

21543106701050912082005278106