Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H1B000096657 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: MENDEZ ACCOUNTAX SERVICES,

Account Number : 120060000145

Phone Fax Number : (305)769-4936 ; (305) 769-1844

**Bnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please 1 **

Email Address:

FLORIDA LIMITED LIABILITY CO. MENDEZ ACCOUNTING & TAX SERVICES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

MAY - 1 2013

T CLINE

Electronic Filing Menu

APR 30

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MENDEZ ACCOUNTING & TAX SERVICES, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 508 E 49 ST HIALEAH, FL 33013

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

LILIA M MENDEZ 508 E 49 ST HIALEAH, FL 33013

Having been named as registered agent and to accept service of process for the above stated limited liability Company at 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

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

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

Title:

Name and Address:

MGRM

LILIA M MENDEZ 508 E 49 ST HIALEAH, FL 33013

Signature of 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.)

LILIA M MENDEZ

Typed or printed name of signee.