# 13000090386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Elitity Hallie)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, 1

Office Use Only



500249040595

06/21/13--01012--015 \*\*125.00

TALLANASSEE, FLURIDA

JUN 2 4 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TEODOSIA DEL ROSARIO
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:
JESSICA RODRIGUEZ
Name of Person
EF OF P
Firm/Company
851 SEMORAN PARK DRIVE
Address
WINTER PARK, FL
City/State and Zip Code TEODOSIADELROSARIO@GMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JESSICA RODRIGUEZ at 407 637-7578
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
■\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<b>ب</b> ے
The name of the Limited Liability Company is:	TALL BURNESS OF THE SECONDARY OF THE SEC
TEODOSIA DEL ROSARIO LLC	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4046 N GOLDENROD RD	4046 N GOLDENROD RD
WINTER PARK, FL 32792	WINTER PARK, FL 32792
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
JESSICA RODRIGUEZ	
Name	
851 SEMORAN PARK DRIVE	
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)

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)

WINTER PARK, FL 32792 FL City, State, and Zip

(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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	T.
MGR	JESSICA RODRIGUEZ
	851 SEMORAN PARK DRIVE
	WINTER PARK, FL 32792
	77 6
	50.70
<del></del>	
	•
(Use attachment if necessary)	
	han the date of filing: (OPTIONAL)
officialize data in linear Abrilla	te must be specific and cannot be more than five business
•	
effective date is listed, the date of fi	ling.)
•	ling.)
to or 90 days after the date of fi	ling.)
•	ling.)
to or 90 days after the date of fi	ling.)
to or 90 days after the date of fi	nce Pakan
to or 90 days after the date of fi  REQUIRED SIGNATURE:	Moa Colleges  member or an authorized representative of a member.
to or 90 days after the date of fi  REQUIRED SIGNATURE:  Signature of a	Suca Colling 2.  member or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a  (In accordance with seconditutes an affirmation	member or an authorized representative of a member.  etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a  (In accordance with sec constitutes an affirmation 1 am aware that any false)	member or an authorized representative of a member.  Stion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a  (In accordance with sec constitutes an affirmation 1 am aware that any false)	member or an authorized representative of a member.  etion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

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)

Page 2 of 2