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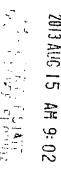
(Re	equestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
P!CK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



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ž i

J. SAULSBERRY EXAMINER

AUG 16 2012

\$125.00 Filing Fee \$\text{Q\$130.00 Filing Fee & Certificate of Status}

tee & D\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

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

ARTICLE I - Name:	
The name of the Limit	ted Liability Company is:
,	
T 0 0 0	
E.C. 61	obal Business UC
	nd with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr	0001
The mailing address a	nd street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1721 Aspentane Weston-Florida	1721 Aspentanz Weston-Floring
Weston-Floring	Weston-Floring
33329	FZEEE
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another

outliness only with the next of local registration,		
The name and the Florida street address of the registered agent are:		2013
Alberto Cuervo	Yar -	3 AUG
Name	w	<u> </u>
1721 Aspen Lane	, t) AH
Florida street address (P.O. Box NOT acceptable)		
Weston- FI FL 33327	<u></u>	9: 0;
City, State, and Zip	T.e	10

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager . "MGRM" = Managing Member	Name and Address:			
MGR	Alberto Cuervo 1721 Aspentene Weston FI 33327			
(Use attachment if necessary)	(OPTIONAL)			
	te of filing: (OPTIONAL) e specific and cannot be more than five business days			
REQUIRED SIGNATURE:	2013 AUG 15			
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)

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