

11/09/13

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MONAHAN MIJARES CPA PA  
Account Number : I20050000157  
Phone : (305) 407-1438  
Fax Number : (305) 397-1003

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

Email Address: \_\_\_\_\_

RECEIVED  
13 SEP 11 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
VILLANUEVA PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 11 AM 7:27

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9-12-13  
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(850) 245-6051.

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Villanueva Properties, 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:

Roark R. Monahan

Name of Person

Monahan-Mijares CPA, PA

Firm/Company

2519 Galiano Street, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@mma.com.ve

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

For further information concerning this matter, please call:

Roark R. Monahan

Name of Person

at ( 305 ) 407-1440

Area Code & 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

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

The name of the Limited Liability Company is:

VILLANUEVA PROPERTIES, 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:**6775 Fernridge Dr.Orlando, FL 32835**Mailing Address:**2519 Gallano Street, Suite 703Coral Gables, FL 33134**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:

Manuel Enrique Villanueva

Name

6775 Fernridge Dr.Florida street address (P.O. Box NOT acceptable)Orlando,

FL

32835

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)

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13 SEP 11 AM 7:27

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

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

**Title:**

"MGR" = Manager

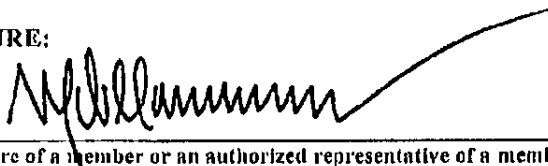
"MGRM" = Managing Member

**Name and Address:**MGRManuel Enrique Villanueva6775 Fernridge Dr.Orlando, FL 32835MGRMiguel Alberto Villanueva6775 Fernridge Dr.Orlando, FL 32835MGRJesus Villanueva Rojas6775 Fernridge Dr.Orlando, FL 32835

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL) 7:13 AM  
 (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.)

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**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.)

Manuel Enrique Villanueva

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)