L13000148060

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
	AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Off	icer:
OCT 2 I	2013
A. LU	
	W13-53456
Office	Use Only



09/20/13--01026--003 **130.00

TILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 25, 2013

HARRY TAPIAS, ESQ 2 SOUTH BISCAYNE BLVD. SUITE 3760 MIAMI, FL 33131

SUBJECT: L.A. SIERRA LLC Ref. Number: W13000053456

We have received your document for L.A. SIERRA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 313A00022585

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations

L.A. Sierra LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please rotum all correspondence concerning this matter to the following:

Harry T	apias, Esq.			
	<u> </u>	Name of Person		
LOIGIC	A P.A.			
		Firm/Company		
2 South	Biscyane Biv	/d, Suite 3760		
		Address	3m 1.79	201
Miami F	FL, 33131			130 610Z
		ViState and Zip Code		ភ ្
Harry.tapi	as@Loigica.com		[1]]***(#**;,;;;;	:
For further information	E-mail address: (to be used f	or future annual report notification) call:		
Harry Tapi	as, Esq.	" ₍ 305 , 390-04	150	.
Name	of Person	Area Code & Daytime Telep	hono Number	
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed	
	<u>Mailing Address</u> 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 C Tallahessee, FL 32301		

Wednesday, October 09, 2013

Florida Department of State Division of Corporations P.O. Box 6327 Tallahasee, FL. 32314

Re: L.A. SIERRA LLC, Ref. Number: W13000053456

Dear Manager of Division of Corporations:

Enclosed is a correction for the mailing address and principal office address of the new entity L.A. Sierra LLC. I apologize for the error. The single sheet with the blue ink is the corrected document. The other sheets are copies of the letter you sent to my office.

Please note that the mailing address and principal office address is the same: 17555 Atlantic Blvd, Sunny Isles FL, 33169

You may reach me directly at: 305-771-5644 and at Harr.tapias@Loigica.com

Sincerely,

HARRY TAPIAS, ESQ LOIGICA P.A. Registered Agent and Attorney for L.A. SIERRA LLC 2. South Biscayne BLVD, SUITE 3760 Miami, FL. 33131

2013 061 15 PH 3 [77]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

17555 Atlantic Blvd, Sunny Isles Beach FL 33160

17555 Atlantic Blvd, Sunny Isles Beach FL 33160

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:

LOIGICA P.A.	≯ a	29	
Name	j	08	
2 South Biscayne, Suite 3760, Miami FL, 33131	2500 2000 2000	<u>ا</u> ت. ا	
Florida street address (P.O. Box NOT acceptable)	111	S	
FL	ار میں اور		
City, State, and Zip		44 P	
		.	

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..



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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Pedro Sierra Atfonso	
	17555 Atlantic Blvd, #602, Sunny Isles Beach FL 33180	
VGR	Elens Siems	
<u></u>	17555 Atlantic Blvd, #602, Sunny Isles Beach FL 33160	
MGR	Pedro Julio Slerra Arlas	
	Kr 21 No 160-13, Bogota D.C., Colombia	
·····		
Use attachment if necessary)		,
		·

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAD) (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 Statules, 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.)

Ó ALTON 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 5.00 Certificate of Status (Optional)

Page 2 of 2