

# L13 000 153077

Florida Department of State  
Division of Corporations  
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To:

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

From:

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

**FLORIDA LIMITED LIABILITY CO.  
JUANMAR, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

OCT 31 2013

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JuanMar, 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:**

229 SE 34TH PL  
OCALA, FL 34471

**Mailing Address:**

229 SE 34TH PL  
OCALA, FL 34471

**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:

MARIA GUEVARA

Name

229 SE 34TH PL

Florida street address (P.O. Box **NOT** acceptable)

OCALA FL 34471

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.*

*Claudia Guevara*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

JAMIE VARGAS

229 SE 34TH PL

OCALA, FL 34471

MGRM

MARIA GUEVARA

229 SE 34TH PL

OCALA, FL 34471

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(Use attachment if necessary)

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

(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:**

*Claudia Guevara 2.*

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.)

MARIA GUEVARA

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 30 AM 8:44

FILED