# L13000155424

(Requestor's Name)	
(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
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Special Instructions to Filing Officer:	
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Effective Date 11/2/13

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2013 NOV -4 AM 11: 42

MOV - 5 2013 T. 11/21/1970 (850) 245-6051.

**Registration Section** 

TO:

# **COVER LETTER**

Division of Corporations					
SUBJECT: RI	EC Group L				
	Name of Limited L				
		•			
The enclosed Articles o	f Organization and fee(s) are subn	nitted for filing.			
Please return all corresp	ondence concerning this matter to	the following:			
•	•	-			
negi	naldo Kamir	rez			
	Nai	me of Person			
Eleca	Fronic Solution	ns & Accessor	-ies		
	Fin	m/Company			
7862	W Irlo Bron	son Hwy 1	52		
<del> </del>		Address			
Kissi	mmee, Fl	34747	•		
	City/Sta	ate and Zip Code			
regr	Pr 08 E g mail  E-mail address (to be used for fu	. Com			
	E-mail address (to be used for fu	iture annual report notification)			
For further information	concerning this matter, please call	l:			
	-				
Keynaldo K	Camirez Timenez at of Person	787 630-	1814		
Name	of Person	Area Code & Daytime Teler	hone Number		
			•		
Enclosed is a check for	or 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 C	ircle		

Tallahassee, FL 32301

# Effective Date 11/2/13

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of	f the L	imited I	_iability	Compa	ny is:				
_		_	_						

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

**ARTICLE I - Name:** 

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

Principal Office Address:	Mailing Address:					
3333 Chica Cir Melbourne, Fl 32904	7862 W Irlo Bronson Hwy 152 Kissimmee, Fl 34747					
11/6/004/11/ 1 32704	MISSIMMEE, IT STATE					

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:

Seynaldo Camirez Cruz

Name

3333 Chica Cir

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

Melbourne, FL 32904

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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SECRETARY OF STATE

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MG/RM	Reynaldo Lamirez Irmenee 907 Calle Odisea Isabela, P.R. 00662
· · ·	
(Use attachment if necessary)	
LE V: Effective date, if other than t	he date of filing: Nov /02/2013. (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: 1000/02/20/3. (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:**

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.)

Reynaldo Kamirez Timenez

Typed or printed name of signee

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#### **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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