Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000245170 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number

: (305)633-9696

The trace of the Company and the control of the Company and the company of the co

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

Email Address:

FLORIDA LIMITED LIABILITY CO. THE CARDENAS LAW GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

NOV - 6 2013

T. BROWN

PAGE 01/04

9696889908 EMPIRE CORP

11/5/2013 0E:II EI0Z/90/II (V)

(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The CALLENMS LAND GROUP 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:		
Eddys A (AldenAs, 1E500		
Gladys A Midents A		
829 N.E. 79 5TO		
Address		
MiAMI, El 33138		
alache of also carde and con con all services and con		
B-mail address: (to be used for future around report notification)		
For further information pottoerning this matter, please call:		
Clades A (M-8 do A S 736 370 - 15 / 3 Name of Person Area Code & Daytims Telephone Number		
Enclosed is a check for the following amount:		
AS 125.00 Filing Fee State of the State of t		
Certificate of Status Certified Copy Certificate of Status &		
(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
(notification and property)		
Muiting Address Street/Courier Address		
Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

413000245170



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

· · · · · · · · · · · · · · · · · · ·		
ARTICLE I - Name: The name of the Limited Liability Company is:		
The CACLENAS, LAW GROUP, COOP, COOP &		
(Most end with the words "Limited Discitly Company, "L.L.C.," of "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
829 NE 795T 829 NE 795T 3138 MIAMI, F1 23138.		
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; Name		
829 NE 295T		
Florida street address (P.O. Box NOT acceptable)		
MIAMI 33/38		
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 appoinment 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)		

Page 1 of 2

(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	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Gladys A. Condents A. M. Francisco Con Control of the Control of t
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	1///3 (OPTIONAL)
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	date of filing: /// 3 (OPTIONAL) be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
(In accordance with section 608.constitutes an affernation under 1 1 am aware that any false informa-	or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, as provided for in a document to the Department of State as provided for in a 817 155 P.S.)

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