

L14000030933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

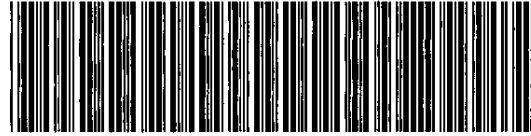
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/18/14--01042--010 \*\*130.00

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14 FEB 18 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

2/18/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: USA Empire Properties, LLC  
Name of Limited Liability Company

FILED  
14 FEB 18 PM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Leoncio Garcia

Name of Person

USA Empire Properties, LLC

Firm/Company

2663 Sawyer Terrace

Address

Wellington, FL 33414

City/State and Zip Code

moneytree12b@yahoo.com

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

For further information concerning this matter, please call:

Leoncio Garcia

Name of Person

at ( 561 ) 727-7394

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:

USA Empire 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:

Mailing Address:

4469 South Congress Avenue, Suite 111  
Lake Worth, FL 33461

2663 Sawyer Terrace  
Wellington, FL 33414

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:

Leoncio Garcia

Name

2663 Sawyer Terrace

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

Wellington

FL

33414

City

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 605, F.S.*

Leoncia Garcia

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 FEB 18 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

President/AMBR

**Name and Address:**

Leoncio Garcia

2663 Sawyer Terrace

Wellington, FL 33414

Manager

Leoncio Garcia

2663 Sawyer Terrace

Wellington, FL 33414

V. President/AMBR

Lucila Abreu-Garcia

2663 Sawyer Terrace

Wellington, FL 33414

Treasurer/Secretary

Lucila Abreu-Garcia

2663 Sawyer Terrace

Wellington, FL 33414

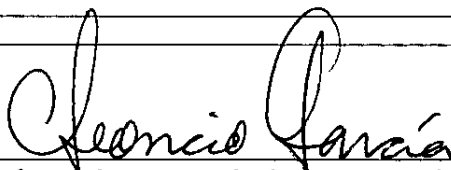
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Feb. 14, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Leoncio Garcia

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)

FILED  
14 FEB 18 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA