

L14 000 047 346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

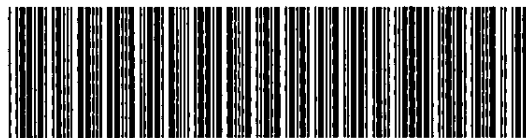
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2014 MAR 20 P 9:43

B. BOSTICK  
MAR 21 2014  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: IMMIGRATION & INTERNATIONAL SERVICES, 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:

PIEDAD LOPEZ-PINEDA

Name of Person

Firm/Company

8165 N. UNIVERSITY DR. APT 49

Address

TAMARAC, FL. 33321

City/State and Zip Code

LOPEZPIEDAD@YAHOO.COM

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

For further information concerning this matter, please call:

PIEDAD LOPEZ

Name of Person

at ( 954 ) 226-4971

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

[illegible]

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR \_\_\_\_\_

MGR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

PIEDAD LOPEZ-PINEDA

8165 N. UNIVERSITY DR. #49

TAMARAC, FL. 33321

PEDRO PINEDA

8165 N. UNIVERSITY DR. #49

TAMARAC, FL. 33321

\_\_\_\_\_

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(Use attachment if necessary)

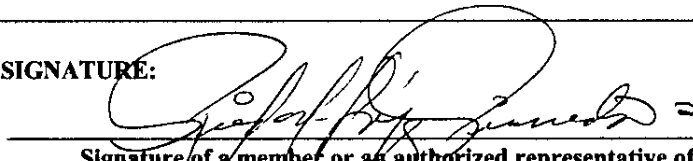
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**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.)

\_\_\_\_\_  
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)

2011-07-08 10:00 AM