L14000041346

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800257629828

03/20/14--01015--014 **155.00

B. BOSTICK
MAR 2 1 2014
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: IMMIGRATION & INTERNATION Name of Lin	IAL SERVICES, LLC mited Liability Company	
The end	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	PIEDAD LOPEZ-PINEDA	Name of Person	·····
		Firm/Company	
	8165 N. UNIVERSITY DR. APT 49	Address	
	TAMARAC, FL. 33321		
1 (PEZPIEDAD@YAHOO.COM	City/State and Zip Code	
- 	E-mail address: (to be use	d for future annual report notification)	·
For fur	ther information concerning this matter, ple	ase call:	د
PIEDA	D LOPEZ at (9	954) 226-4971 Area Code Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·
	Name of Person	Area Code Dayanne Telephone Number	and the second s
_	od is a check for the following amount: 0 Filing Fee \$\sum_{\text{S130.00}} \text{Filing Fee & Certificate of Status}\$	☐\$155.00 Filing Fee & ☐\$160.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed)	of Status & py
	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:		
IMMIGRATION & INTERNATIONAL SERVICES, LI (Must end with the words "Limited		"LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
8165 N. UNIVERSITY DR. #49 TAMARAC, FL. 33321	8165 N, UNIVERSITY DR, TAMARAC, FL. 33321	#49
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must design	
The name and the Florida street address of the registered	agent are:	
PEDRO PINEDA		
Name		
8165 N. UNIVERSITY DR. # 4 Florida street address (P.O. Box		
TAMARAC	FL 33321	
City	Zip	
	of the appointment as registered ag of all statutes relating to the prope ligations of my position as register to 605, F.S.	ent and agree to act in this er and complete performance
Registered Agent's Signa	ture (REQUIRED)	المناع المناط
(CONTINU	•	CTD
Page 1 of 2		. >

...

<u>Fitle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR Manager	PIEDAD LOPEZ-PINEDA
AIVIDIN	8165 N. UNIVERSITY DR. #49
	TAMARAC, FL. 33321
MGR	PEDRO PINEDA
	8165 N. UNIVERSITY DR. #49
	TAMARAC, FL. 33321
	(7)(4)7) G.O. (1) L. GOOL (
 	
(Use attachment if necessary) EV: Effective date, if other than the ctive date is listed, the date must f filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the ctive date is listed, the date must filling.) EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.)	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the ctive date is listed, the date must filling.) EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of of Same of
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	a member or an authorized representative of a member.
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with sections)	a member or an authorized representative of a member. on 605.0203 (f) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (f) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee
E V: Effective date, if other than the ctive date is listed, the date must of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:
E V: Effective date, if other than the ctive date is listed, the date must of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature/of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent