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SECREMENT OF STATE

APR 1 4 2014

T. BROWN

## **COVER LETTER**

3

то:	Registration Section Division of Corporations		
SUBJ	ECT: PELEGRINO GROUP LLC Name of Li	imited Liability Company	
The en	nclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	BERTA M PELEGRINO	Name of Person	
	PELEGRINO GROUP LLC	Firm/Company	
	7041 MIAMI LAKEWAY S	Address	
	MIAMI LAKES , FLORIDA , 33014	City/State and Zip Code	
<u>be</u>	ertapelegrino@hotmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Berta	Pelegrino at (	305 ) <u>458-4224</u> Area Code Daytime Te	lephone Number
_	ed is a check for the following amount:  10 Filing Fee   Status  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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassec, FL 3230	ions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liabilit	y Company is:			<b>⊕</b> 0}.	£ 151
				150	1/20 1/2
PELEGRINO GROUP LLC					
(Must end	with the words "Limited	d Liability Co	ompany, "L.L.C.," or '	LLC.") S	
ARTICLE II - Address:				,Č,	
The mailing address and street ac	Idress of the principal o	office of the I	Limited Liability Com	pany is:	TAPRI MOIO
Principal Office Address:		<u>Mailing</u>	Address:		A CO
7041 MIAMI LAKEWAY S			IAMI LAKEWAY S		
MIAMI LAKES, FL, 33014		<u>MIAMI I</u>	_AKES, FL 33014		
The name and the Florida street a	address of the registered	_			
	Name		*		
	7041 MIAMI LAKEV	WAY S			
Florida	street address (P.O. Bo		ptable)		
	MIAMI LAKES	FL	33014		
	City		Zip		
Having been named as registere the place designated in this co capacity. I further agree to con of my duties, and I am familia	ertificate, I hereby acceptionsly with the provisions r with and accept the obtained to the control of the cont	pt the appoint of all statute	tment as registered age s relating to the proper my position as registere	ent and agree to a r and complete pe	ct in this rformance

(CONTINUED)

Page 1 of 3

<u> Citle:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	DEDT. DEL EGDINO O
AMBR- MGR	BERTA PELEGRINO G 7041 MIAMI LAKEWAY S
	MIAMI LAKES, FL 33014
	MINIMI D'INCO, I E 000 14
AMBR	ILEANA PELEGRINO G
	3901 SOUTH OCEAN DR -C2S
	HOLLYWOOD, FL 33019
AMBR	ALINA PELEGRINO G
TWIDI	7041 MIAMI LAKEWAY S
	MIAMI LAKES, FL 33014
	15010 5 051 50BNO B
<u>AMBR</u>	JESUS E PELEGRINO R
	506 NW 87 AVE APT # 301 MIAMI, FL 33172
	MIN MAIL I L GOTT Z
Use attachment if necessary)	
•,	
EV: Effective date, if other than the date	e of filing: (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) . pecific and cannot be more than five business days prior to or
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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)

Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR	JUAN C PELEGRINO R
	506 NW 87 AVE APT # 301
	MIAMI , FL 33172
Use attachment if necessary)	
V: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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