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COVER LETTER

	istration Section sion of Corporations
SUBJECT:	GUZMAN LAW, 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:
<u></u>	Rebecca Guzman MBA, ESQ. Name of Person
_	GUZMAN LAW, LLC. Firm/Company
<u> </u>	8850 SW 152 Court Address
	Miami, Florida 33196 City/State and Zip Code
	guzman@rguzmanlaw.com E-mail address: (to be used for future annual report notification)
For further inf	formation concerning this matter, please call:
Rebecca Gu	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
3 \$125.00 Filin	g Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ted Liability Company is:		
	GUZMAN L	AW, LLC. ited Liability Company, "L.L.C.," or "LL	<u>(")</u>
,	Must end with the words Lin	med Liability Company, "L.L.C.," or "LL	C.)
ARTICLE II - Address a		al office of the Limited Liability Compan	y is:
Principal Office Add	lress:	Mailing Address:	
8850 SW 152 Cour Miami, Florida 3319		8850 SW 152 Court Miami, Florida 33196	
(The Limited Liability another business entit			e an individual or
	_	_	
		JZMAN MBA ESQ.	APR ANN
		anie	16 16 16
		152 Court	ER LE
	Florida street address (P.O.	Box NOT acceptable)	
	Miami	FL 33196	ID: 08 STATE LORIDA
	City	Zip)A ⊝
the place designate capacity. I further a	ed in this certificate, I hereby a agree to comply with the provisi am familiar with and accept in	ot service of process for the above stated line occept the appointment as registered agent a cons of all statutes relating to the proper and e obligations of my position as registered a control of the proper and the	and agree to act in this d complete performance

Page 1 of 2

70241	None and Address.	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	REBECCA GUZMAN MBA ESQ.	
MOR	8850 SW 152 Court	
	Miami, Florida 33196	
	Miarii, Fiorida 55 150	
	A	
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