4/4000015209

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Only/State/2/p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAY - 8 2014
A. LUNT

Office Use Only



800259551158

05/01/14--01022--028 **125.00

JECNETARY OF STATE

Electrical V

COVER LETTER

ed Articles of Organization and fee(s) a	nited Liability Company re submitted for filing.		
	re submitted for filing.		
rn all correspondence concerning this m	•		
in an correspondence concerning this in	natter to the following:		
MAYRA R. TORRES	Name of Person	A. M. B. T. T.	-
BELEKE PROPERTIES, LLC			
	Firm/Company		-
6732 MAIN STREET	Address		~
MIAMI LAKES, FL 33014	27. /C 1 //	5 00	20141
o2014@amail.com	•	dion)	I – AVM 10,
			四十二
Torres at (lephone Number	# 20 20
a check for the following amount:			
ling Fee \$\Bigcup \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	
Mailing Address Registration Section Division of Corporations	Registration Section		
	MAYRA R. TORRES BELEKE PROPERTIES, LLC 6732 MAIN STREET MIAMI LAKES, FL 33014 C2014@gmail.com	BELEKE PROPERTIES, LLC Firm/Company 6732 MAIN STREET Address MIAMI LAKES, FL 33014 City/State and Zip Code 2014@gmail.com E-mail address: (to be used for future annual report notifies information concerning this matter, please call: Torres at (786) 291-1164 Name of Person a check for the following amount: ling Fee \$\frac{1}{3}130.00\text{ Filing Fee & Certified Copy (additional copy is enclosed)} Mailing Address Registration Section Street/Courier Add Registration Section	MAYRA R. TORRES Name of Person BELEKE PROPERTIES, LLC Firm/Company 6732 MAIN STREET Address MIAMI LAKES, FL 33014 City/State and Zip Code Benail address: (to be used for future annual report notification) information concerning this matter, please call: Torres at (786) 291-1164 Name of Person a check for the following amount: ling Fee \$\int \frac{1}{2}\$130.00 Filing Fee & Certificate of Status Certificate of Status Area Code Daytime Telephone Number Street/Courier Address Registration Section Division of Corporations Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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:	
BELEKE PROPERTIES, LLC	
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6732 MAIN STREET MIAMI LAKES, FL 33014	6732 MAIN STREET MIAMI LAKES, FL 33014
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
MAYRA R. TORRES	
Name	
6732 MAIN STREET	20
Florida street address (P.O. Box <u>N</u>	IOT acceptable)
MIAMI LAKES	FL_33014
City	Zip Condon
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliga	ice of process for the above stated limited liability organization of the appointment as registered agent and agree to accumulate fall statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MANAGER	MAYRA R. TORRES
	6732 MAIN STREET
	MIAMI LAKES, FL 33014
	30° tra
	Jack Control of the C
	2
(Use attachment if necessary)	and the second s
F.V. Effective date if other than the date of	filing:
F.V. Effective date if other than the date of	filing:
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)	filing:
E V: Effective date, if other than the date of ective date is listed, the date inust be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	and cannot be more than five business days prior to of
E V: Effective date, if other than the date of ctive date is listed, the date inust be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memi (In accordance with section 605.0 constitutes an affirmation under the Lam aware that any false information constitutes are section formation.	ber or an authorized representative of a member.
E V: Effective date, if other than the date of ctive date is listed, the date inust be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memity of the constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a MAYRA R. TORRI	ber or an authorized representative of a member. 1203 (1) (b). Florida Statutes, the execution of this document to the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memity of the constitutes an affirmation under the lam aware that any false information constitutes a third degree felony a MAYRAR TORRI	ber or an authorized representative of a member. 203 (1) (b). Florida Statutes, the execution of this documen the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State as provided for in s.817.155, F.S.)