14000076393

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

2014 HAY -9 AM 10: 52

MAY 1 2 2013 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations Herez Consulting 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: Valily Perez Smith Firm/Company 13180 N. Cleveland Ave, Suite 315 N. Ft. Mye 15/FL/33903
City/State and Zip Code 5wflorida Services Egmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Valily P. Smith at (321) 246-7075

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: √ \$160.00 Filing Fee, \$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)



April 29, 2014

YALILY PEREZ SMITH 13180 N CLEVELAND AVE STE 315 N FT MYERS, FL 33903

SUBJECT: PEREZ CONSULTING LLC

Ref. Number: W14000026994

We have received your document for PEREZ CONSULTING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 014A00009117

Updated Copy with Corrected Name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	- Name:
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The name of the Limited Liability Company is:

Perez Immigration + Family Services LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
13180 N. Cleveland Ave	13180 N. Cleveland Ave
Svite 315	Suite 315
N. Ft. Myers, FL 33403	N. Pt. Myers, FL33903
ARTICLE III - Registered Agent, Registered Office	& Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Yalily Perez Smith

Name
6345E 215 PL

Florida street address (P.O. Box NOT acceptable)

Cape Gral, FL 33990

City Zin

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 MAY -9 AM 10: 52
SECRETARY OF STATE

<u>Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Yalily Perez Smith
ANOR	634 SE 21SE PL
	Cope Coral, FC 33990
AMBR	Andrew T. Smith
	(ape Coral, FL 33990
	 ,
	
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V: Effective date, if other than the tive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
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V: Effective date, if other than the tive date is listed, the date must b filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false is	a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State
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