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COVER LETTER

	COVER DETIDA
TO:	Registration Section Division of Corporations
SHR II	CCT: SPANISH CONNECTION
	Name of Limited Liability Company
	closed Articles of Organization and fee(s) are submitted for filing.
i iouse	ROBERTO CARLOS MARQUEZ RODRIGUEZ
	Name of Person
	ROBERTO CARLOS MARQUEZ RODRIGUEZ / SPANISH CONNECTION
	Firm/Company
	5601 COLLINS AVENUE PH9
	Address
	MIAMI BEACH / FLORIDA 33140
	City/State and Zip Code
	ROBERTOMARQUEZ@NORKINAS.COM E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
LAUF	RA BASALLO at (305) 8349914
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
]\$125. 0	10 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·
d Liability Company, "L.L.C.," or "LLC.")
office of the Limited Liability Company is:
ing Address:
5601 COLLINS AVENUE
PH9 33140, MIAMI BEACH, FLORIDA
Registered Agent's Signature: Registered Agent. You must designate an individual or on.) d agent are:
a
e
x NOT acceptable)
22174
x <u>NOT</u> acceptable)
ervice of process for the above stated limited liability company as pt the appointment as registered agent and agree to act in this is of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S ature (REQUIRED)

1 4 5 7 5 TO 10 10 10 10 10 10 10 10 10 10 10 10 10	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager MGR	ROBERTO CARLOS MARQUEZ RODRI
	5601 COLLINS AVENUE PH9
	33140, MIAMI BEACH, FLORIDA
AMBR	LAURA SUSANA BASALLO OJEDA
	5601 COLLIN AVENUE PH9
	33140, MIAMI BEACH, FLORIDA
EV: Effective date, if other than the da	ate of filing: (OPTIONAL)
f filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the descrive date is listed, the date must be	
EV: Effective date, if other than the decrive date is listed, the date must be f filing.)	
E V: Effective date, if other than the directive date is listed, the date must be f filling.) E VI: Other provisions, if any.	
E V: Effective date, if other than the discrive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the discretive date is listed, the date must be if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the directive date is listed, the date must be f filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation)	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.
E V: Effective date, if other than the decive date is listed, the date must be f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the decive date is listed, the date must be f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the decive date is listed, the date must be f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.) CARLOS MARQUEZ RODRIGUEZ
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