

6/12/2014

L14000094750

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000139263 3)))



H140001392633ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305) 887-8730
Fax Number : (305) 887-8744

FILED
14 JUN 12 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

RECEIVED

14 JUN 12 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
IMPORTACIONES LOS 2 OMARES 2011 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T. Burch JUN 13 2014

(((H14000139263 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPORTACIONES LOS 2 OMARES 2011 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:

OMAR A CESPEDES VASQUEZ

Name of Person

Firm/Company

1031 E 8TH AVE, STE 202

Address

HALEAH, FL 33010

City/State and Zip Code

info@arstaxes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMAR A CESPEDES VASQUEZ at (305) 887-8730
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H14000139263 3)))

(((H14000139263 3)))

June 06, 2014

To whom it makes concern

Please be advised that the owners of the corporation IMPORTACIONES LOS 2 OMARES 2011 LLC with the document number L13000027478 are the same as those who are opening this new corporation with the same name.

In Addition be advice that we have no intention of reinstating, therefore we are releasing the name.

Thank you.

Sincerely

A handwritten signature in black ink, appearing to read "Juan Guzmán", is written over the printed name.

Manager Member

(((H14000139263 3)))

(((H14000139263 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IMPORTACIONES LOS 2 OMARES 2011 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:

1031 E 8TH AVE, STE 202
HIALEAH, FL 33010

Mailing Address:

1031 E 8TH AVE, STE 202
HIALEAH, FL 33010

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:

OMAR A CESPEDAS VASQUEZ

Name

1031 E 8TH AVE, STE 202

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

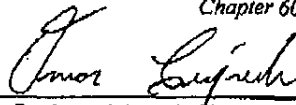
HIALEAH

City

FL 33010

Zip

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

(((H14000139263 3)))

FILED
14 JUN 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H14000139263 3)))

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

MGRM

Name and Address:

OMAR A CESPEDES VASQUEZ

1031 E 8TH AVE. STE 202

HIALEAH, FL 33010

OMAR A CESPEDES HERNANDEZ

1031 E 8TH AVE. STE 202

HIALEAH, FL 33010

14 JUN 12 PM 4:35
HIALEAH, FL 33010
STATE OF FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

OMAR A CESPEDES VASQUEZ

Typed or printed name of signee

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)

(((H14000139263 3)))