## L14000107215

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	<u></u>
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
	-	
JUL - 7 2014		
	A. l	LUNT
	W14	-38063

Office Use Only



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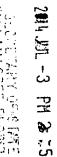


## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 18, 2014

ASHLEY ABBOTT 1688 WEST AVE. APT 1008 MIAMI BEACH, FL 33139

SUBJECT: SPANIS 4 GRINGOS Ref. Number: W14000038063



We have received your document for SPANIS 4 GRINGOS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 714A00013255

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Spanish Name of Lim	4 GVINGO 5  nited Liability Company	
The enclosed Articles of 0	Organization and fee(s) are	e submitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the following:	
A	shley Abb	011	201
	J	Name of Person	
Sr	panish 4	Gringos Firm/Company	65 do
1		Firm/Company	
1688	3 West au	1e. apt. 100	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ashey image		ity/State and Zip Code  14 av in a 5  I for future annual report notifica	
For further information co	oncerning this matter, plea	se call:	
Ashley Abbo Name o	f Person		57 ephone Number
Enclosed is a check for th	e following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address	Street/Courier Addr	ess
	tion Section of Corporations	Registration Section Division of Corporati	ons .
P.O. Bo	x 6327	Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1688 West all act. 1008 Mami Beach F1. 33139	1688 West are apt 1008 Miami 13ch. Fl. 33139
ADTICLE III Desistend Asset Desistend Office	
	ed agent are:  et Holding LLC  Aque Stu. 660

Registered Agent's Signature (REQUIRED)

Chapter 605, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
President	Ashley Abbott 1688 West are apt. 1008 Miami Bch. F1. 33139		
	•		
	2		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of a (If an effective date is listed, the date must be specifithe date of filing.)	filing: JUNE 1 (OPTIONAL):  fic and cannot be more than five business days prior to or 90 days		
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·		
required signature:	it		
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th	per or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. It is the penalties of perjury that the facts stated herein are true.		
<u>Ashle</u>	y Abbott		

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)