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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Servicios De Gomez, 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:	
RAUL Gomen	
Servicios De Gomez, LLC Firm/Company	
7074 SE Bunker HIII Dr.	
Hobe Sound, FL 33455 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
RAUL Games at 772 285-3547  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy}\$\$ (additional copy is enclosed) \$\$ 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	d Liability Company is:			
Servic	105 De Gom fust end with the words "Limited L		L.C.," or "LLC.")	<del>-</del>
ARTICLE II - Address The mailing address and	s: d street address of the principal offi	ce of the Limited Liab	oility Company is:	
Principal Office Addre	<b>ESS</b> :	Mailing Address:		
7074 SE Hobe Source	Bunker Hall Dr 1, FL 33455	7074 SE Habe Se	Bunker Hill and, FL 334	_Dr_ SS 
(The Limited Liability C	ered Agent, Registered Office, & Company cannot serve as its own Rowith an active Florida registration.	egistered Agent. You		vidual or
The name and the Florid	da street address of the registered a	gent are:		<b>14 3</b>
	RAU Gas	M € 2		
•	Name		<del></del>	
	7074 SE BUNK	ee Hill	Dr	86 P
	Florida street address (P.O. Box N	(OT acceptable)		三 野祭 屋 ワ
	Hobe Sound	fl 334	55	GE G
	City	Zip		<b>高品 S</b>
the place designated capacity. I further ag	registered agent and to accept servi l in this certificate, I hereby accept to ree to comply with the provisions of m familiar with and accept the oblig Chapter	he appointment as reg all statutes relating to	istered agent and agree the proper and comple	e to act in this te performance
	A A			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
AMBR	
	7074 SE Burker Hall Habe Sound, FL 33455
	*
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
EV: Effective date, if other than the decrive date is listed, the date must be of filing.)	
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation ut I am aware that any false in:	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)