

L14000127488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

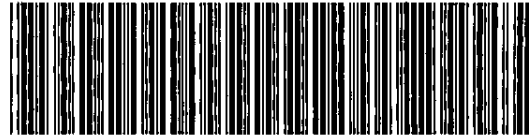
Special Instructions to Filing Officer:

W14000047163

Office Use Only

EFFECTIVE DATE

07/31/14



100262747031

07/31/14--01027--016 **155.00

FILED
2014 JUL 31 PM 12:26
CLERK OF DISTRICT COURT
JUL 31 2014
CLERK OF DISTRICT COURT
JUL 31 2014

AUG 14 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2014

BRYAN MENEDEZ
6032 SW 127 PL
MIAMI, FL 33183

SUBJECT: MENEDEZ INVESTMENTS LLC
Ref. Number: W14000047163

We have received your document for MENEDEZ INVESTMENTS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 31, 2014. 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 814A00016492

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2014 JUL 31 PM 12:26

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Menendez Investments
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:

Bryan Menendez
Name of Person

Firm/Company

6032 SW 127 PL
Address

Miami, FL, 33183
City/State and Zip Code

menendezinv@usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Menendez at (786) 2672020
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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

FILED
2014 JUL 31 PM 12:26
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Menendez Investments 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:

10290 SW 32 St

Miami, FL, 33165

Mailing Address:

PO Box 523527

Miami, FL, 33152

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:

Bryan Menendez

Name

6032 SW 127 PL

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

Miami

City

FL 33183

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

07/31/14

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGMR

Name and Address:

Bryan Menendez

6032 sw 127 pl

Miami, FI 33183

MGMR

David Menendez

6032 sw 127 pl

Miami, FI 33183

MGMR

Randy Menendez

6234 sw 127 Pl

Miami, FI 33183

MGMR

Raymond Menendez

10290 sw 32 St

Miami, FI 33165

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/31/2014 (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.)

Bryan Menendez

Typed or printed name of signer

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)

FILED
2014 JUL 31 PM 12:26
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGMR

Name and Address:

Marlene Menendez

4250 SW 130 Ct

Miami, FL, 33175


(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.

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Bryan Menendez

Typed or printed name of signee

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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