

L14006182714

(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:

Office Use Only



700264886127

10/06/14--01027--009 \*\*130.00

FILED  
14 NOV 17 AM 7:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 26 2014

6038



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2014

CARLOS TORRES  
2550 SW 18TH TERR APT 2307  
FT LAUDERDALE, FL 33315

SUBJECT: CJ TORRES ENTERTAINMENT  
Ref. Number: W14000061816

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

You failed to make the correction(s) requested in our previous letter.

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 the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 514A00021687

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CJ TORRES ENTERTAINMENT**  
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:

Carlos Torres  
Name of Person

CJ TORRES ENTERTAINMENT  
Firm/Company

2550 SW 18TH TERRACE APT 2307 FORT LAUDERDALE FL 33315  
Address

Fort Lauderdale FL 33315  
City/State and Zip Code

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

For further information concerning this matter, please call:

Carlos Torres at ( 787 ) 5650166  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJ TORRES ENTERTAINMENT 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:

Mailing Address:

2550 SW 18TH TERRACE APT 2307  
FORT LAUDERDALE FL 33315

2550 SW 18TH TERRACE APT 2307  
FORT LAUDERDALE FL 33315

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:

CARLOS TORRES

Name

2550 SW 18TH TERRACE APT 2307

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

FORT LAUDERDALE FL 33315

City

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)

FILED  
14 NOV 17 AM 7:14  
SECRETARY 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

AMBR

**Name and Address:**

CARLOS TORRES

2550 SW 18TH TERRACE APT 2307

FORT LAUDERDALE FL 33315

(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.

N/A

**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.)

CARLOS TORRES

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)

FILED  
14 NOV 17 AM 7:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA