

L14 000 182730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

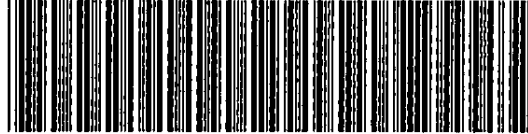
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266508905

11/17/14--01005--014 **160.00

FILED
2014 NOV 17 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 26 2014

T CLIN.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GORDITOS TIRES STORE 1 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:

ARUTO ROJAS
Name of Person

GORDITOS TIRES LLC
Firm/Company

717 PONCE DE LEON BLVD., SUITE #320
Address

CORAL GABLES, FL 33134
City/State and Zip Code

ARD@STRONGMEDCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTURO ROJAS at (305) 3310676
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 17 AM 10:48

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GORDITOS TIRES STORE 1 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:

717 PONCE DE LEON BLVD.

SUITE 320

CORAL GABLES, FL 33134

Mailing Address:

717 PONCE DE LEON BLVD

SUITE 320

CORAL GABLES, FL 33134

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:

ARTURO ROJAS

Name

717 PONCE DE LEON BLVD., SUITE 320

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

CORAL GABLES

FL 33134

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)

2014 NOV 17 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ARTURO ROJAS
717 PONCE DE LEON BLVD., SUITE 320
CORAL GABLES, FL 33134

MGR

GUSTAVO HIGUERAY
3339 NW 67 STREET
MIAMI, FL 33147

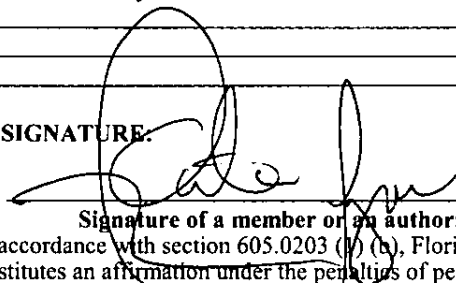
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/17/2014 (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.)

ARTURO ROJAS

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)

2014 NOV 17 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA