15000041348

(Requestor's Name)
(Address)
(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:
W15-1342
1015-10

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2015

YADIRA DIAZ 1707 4TH AVE W PALMETTO, FL 34221

SUBJECT: LA FRONTERA LLC Ref. Number: W15000007342

We have received your document for LA FRONTERA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note 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.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P94000018039.

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: 215A00002051

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COVER LETTER

	on Section f Corporations				
SUBJECT:		nited Liability Company	itera T	ruck	L
The enclosed Articl	es of Organization and fee(s) a	re submitted for filing.			
Please return all con	respondence concerning this m	natter to the following:			
		Yadira Diaz Name of Person			
		evalue of refson			
		Firm/Company	,···		
		1707 4th Ave W			
		Address		2015 KAR	ध्यान्
		Palmetto, FL 34221 City/State and Zip Code		# - 6	(PIG
	omardia E-mail address: (to be use	az007@gmail.com d for future annual report notifica	ation)	I I	1
For further informa	tion concerning this matter, ple	ase call:		3: 35	*
Yadira Diaz	at (at (941) 518-4598 Area Code Daytime Te	lephone Number		
		Alea Code Dayume Te	repriene reamour		
Enclosed is a check	for the following amount: \$\Bigsiz\$ \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fil Certificate Certified Co (additional co	of Status &	
R D	Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corpora			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the L	imited Liability Company is:			
<u>La Frontera LL</u> O	La Frontera (Must end with the words "Lim	Truck LLC nited Liability Company, "L.L.C.," or	"LLC.")	
ARTICLE II - Ao The mailing addre		oal office of the Limited Liability Com	ipany is:	
Principal Office	Address:	Mailing Address:		
5211 B 15th St I Bradenton, FL 3		1707 4th Ave W Palmetto, FL 34221		
(The Limited Liab		ice, & Registered Agent's Signature own Registered Agent. You must designation.)		
	Florida street address of the regist		2015 HAR	
	<u>Yadira Diaz</u> N	lame		GTORIZ: B. 。I 声
	1707 4th Ave W		SFE PH	norma 6 d
Florida street address (P.O. Box <u>NOT</u> acceptable)		Box NOT acceptable)		
	<u>Palmetto</u>	FL 34221	: 35 101:	18. 9****
the place design capacity. I furth	gnated in this certificate, I hereby a ner agree to comply with the provisi nd I am familiar with and accept th	Zip pt service of process for the above state ccept the appointment as registered ag ions of all statutes relating to the prope to obligations of my position as register Chapter 605, F.S Signature (REQUIRED)	ed limited liability compan ent and agree to act in this er and complete performan	s ice
	(CONT	INUED)		

Page 1 of 2

<u>Fitle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	Ac in the	
AMBR	Yadira Diaz	_
	1707 4th Ave W	
	Palmetto, FL 34221	_
		_
		_
		_
· 		
		_
		_
		_
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EV: Effective date, if other than the date ctive date is listed, the date must be sp	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or	· 90 da
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ARTICLE IV-