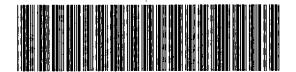
## L15000058249

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
	1 100	

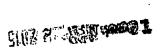
Office Use Only



700270188717

03/13/15--01005--018 \*\*130.00

15 MAR 13 PH 4: 58



## COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT:	BUBJECT: Denise E. Suarez, LLC  Name of Limited Liability Company		
	Name of Limited Liabit.	пу Сотрану	
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.	
Please return	rn all correspondence concerning this matter to the	following:	
-	Gregory G. Fasula		
	Name of	Person	
Gregory G. Fasula, P.A.			
	Firm/Co	mpany	
	2400 SE Veterans Memorial	Parkway, Suite 205	
•	Addr	ess	
	Port St. Lucie, Florida 3	1952	
•	City/State an	d Zip Code	
	DeniseMS54@yahoo E-mail address: (to be used for future	COM annual report notification)	
For further i	information concerning this matter, please call:	•	
Greg	gory G. Fasula at (772  Name of Person Area Cod	<del>*</del>	
	Name of Ferson Area Cou	Baytime reteptione Number	
Enclosed is	s a check for the following amount:		
l \$125.00 Fil	Certificate of Status Certificate	on Filing Fee & Silfont Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
	Tallahassee, FL 32314	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: Denise E. Suarez, LLC.					
ARTICLE II-Address:					
The mailing address and street address of	the principal office of the Limited Liability Company				
is: 209 NE Ardsley Drive, Port St. Lu					
Principal Office Address:	Mailing Address:				
Denise E. Suarez	Denise E. Suarez				
209 NE Ardsley Drive	209 NE Ardsley Drive				
Port St. Lucie, Florida 34983	Port St. Lucie, Florida 34983				
ARTICLE III-Registered Agent, Register The name and the Florida street address of	ered Office & Registered Agent's Signature:  of the registered agent are:				
Denise	E. Suarez				
	Name Sin Sin				
	CREASE TARK				
	Ardsley Drive 650 w				
Florida Street ad	cie, Florida 34983				
Port St. Luc	cie, Florida 34983				
C	ity, State, and 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 the Chapter 605, F.S.

Registered Agent's Signature

The name and address of each Manager or Man	
Title: "MGR"= Manager "MGRM"= Managing Member	Name and Address:
Manager	Denise E. Suarez  209 NE Ardsley Drive  Port St. Lucie, Florida 34983
(Use attachment if necessary)	TAS 1
NOTE: An additional article must be added	if an effective date is requested.
REQUIRED SIGNATURE:  White Signature of a member or an authorized signature of a member or an authorized signature.	ASSEE, FLORIDA  NOTICE of a member.
(In accordance with section 605.0203(1)(b), Florida affirmation under the penalties of perjury that the facinformation submitted in a document to the Departm provided for in 817.155,F.S.).	Statues, the execution of this document constitutes an ets stated herein are true.) I am aware that any false ent of State constitutes a third degree felony as
Denise E	Snarez
Typed or printe	d name of signee