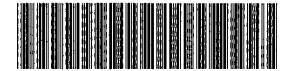
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TO: Registration Section Division of Corporations
SUBJECT: Blanca Cortes Maintenance Services L.L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Blanca Roal
Name of Person
Firm/Company
10651 Hammocks Bl.vd. APT 818 Address
Miami FLA 33196 City/State and Zip Code
City/State and Zip Code
Blanca y Cortes @ 9 mail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Blanca Real at (786) 366-4855 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (add

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

Eason, Jessica A.

From: Sent: To: Subject:	Blanca Cortes blancaucortes@gmail.com> Tuesday, April 21, 2015 11:18 AM Fason, Jessica A. Re: LLC Filing
MGR for Blanca Re	al ·
On Apr 20, 2015 11:	43 AM, "Fason, Jessica A." < <u>Jessica.Fason@dos.myflorida.com</u> > wrote:
Dear Mrs. Real,	
individual. Such tit	LC filing, but upon processing your document, you left out the title of the authorized les that we will accept are "AMBR"- Authorized Member or "MGR"- Manager. Please th one your prefer so that I may process it.
Sincerely,	
Jessica Fason, Regu	alatory Specialist II
@ItsWorkingFL	The Department of State is committed to excellence. Please take our <u>Customer Satisfaction Survey</u> .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
Blanca Cortes Maintenance Services L.L.C. (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	s:		
Principal Office Address: Mailing Address:			
10651 Hammocks Blvd APT 818 Hiami FLA 33196 Miami FLA 3319	<u>′</u> S		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate a another business entity with an active Florida registration.)	ın indivi	dual or	
The name and the Florida street address of the registered agent are:			
Danca Lead Name			
Florida street address (P.O. Box NOT acceptable)			
Miami FL 33196 City Zip			
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and cof my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.	d agree to complete	o act in perfor	this mance
fift-			
Registered Agent's Signature (REQUIRED)	ĭ≱:	귫	
(CONTINUED)		APR	tra que
Page 1 of 2	新疆 进入	-2 AH 3:	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Blanca Real 10651 Hammocks Blyd AR 818 Miami FLA 33196
	
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(Use attachment if necessary) LE V: Effective date, if other than the date	e of filing: 03-28-15 (OPTIONAL)
EV: Effective date, if other than the dat fective date is listed, the date must be spof filling.)	e of filing: <u>03-28-15</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the dat fective date is listed, the date must be spof filing.)	e of filing: 03-28-15 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic statement of a mag	pecific and cannot be more than five business days prior to or 90 da
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic (In accordance with section 6 constitutes an affirmation und I am aware that any false info	remation submitted in a document to the Department of State.
LE V: Effective date, if other than the date fective date is listed, the date must be spot filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90
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