

215-000094426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

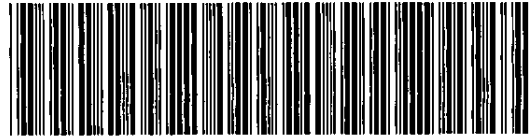
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED  
15 MAY 29 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-1-15-18

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Elba Llerandi & Company, 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:

Elba Llerandi

Name of Person

Firm/Company

13371 SW 27 Street

Address

Miami, FL 33175

City/State and Zip Code

*ellerandi@gmail.com*

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elba Llerandi

305

794-6523

at ( )

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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR Elba Llerandi & Company, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: **Elba Llerandi & Company, LLC**

**ARTICLE II**

**Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**13371 SW 27 Street  
Miami, FL 33175**

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

**Elba Llerandi  
13371 SW 27 Street,  
Miami, FL 33175**

*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 608, F.S..*



Registered Agent's Signature (Required)

**ARTICLE IV**

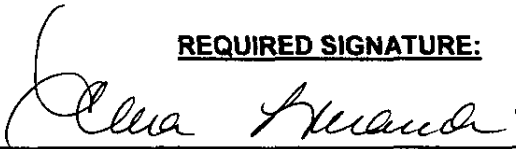
**Management**

The Limited Liability Company is to be managed and controlled by one or more members and is therefore, a member-managed Company.

Authorized Member (AMBR)

**Elba Llerandi**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

*(In accordance with section 608.408(3), 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.)*

Elba Llerandi

Typed or printed name of signee

15 MAY 29 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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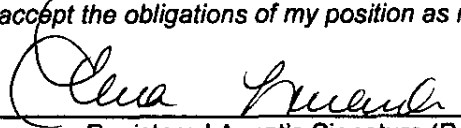
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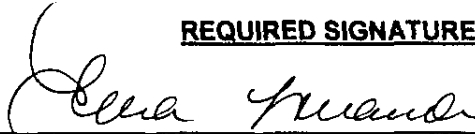
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**Elba Llerandi**

Typed or printed name of signee