

6/11/2015

Division of Corporations

**L15000102857**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150001431503)))



H150001431503ABCU

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : TINTOS INTERNATIONAL LLC  
Account Number : I20150000068  
Phone : (407)731-4498  
Fax Number : (407)982-7123

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
ENNY & T ENTERPRISES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

RECEIVED  
15 JUN 12 AM 7:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/17/2015

H150001431503

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ENNY & T ENTERPRISES 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:

ENNY GONZALEZ

Name of Person

ENNY & T ENTERPRISES LLC

Firm/Company

12415 CORIANDER DR

Address

ORLANDO, FL 32837

City/State and Zip Code

SUSTAXES@GMAIL.COM

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

For further information concerning this matter, please call:

ENNY GONZALEZ

407

6008871

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

H150001431503

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

II150001431503

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ENNY & T ENTERPRISES 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:**12415 CORIANDER DR  
ORLANDO, FL 32837**Mailing Address:**12415 CORIANDER DR  
ORLANDO, FL 32837**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:

ENNY GONZALEZ

Name

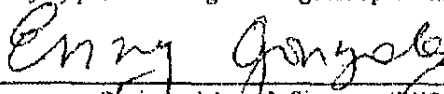
12415 CORIANDER DRFlorida street address (P.O. Box **NOT** acceptable)ORLANDOFL32837

City

State

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)

Page 1 of 2

II150001431503

FILED  
2015 JUN 12 PM 1:48  
TINTOS INT'L LLC  
ENNY GONZALEZ  
STATE  
OF FLORIDA

H150001431503

**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 AMBR**Name and Address:**ENNY GONZALEZ12415 CORIANDER DRORLANDO, FL 32837

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**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.)

ENNY GONZALEZ

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)

H150001431503