

6/11/2015

Division of Corporations

L15000102857
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FLORIDA

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

RECEIVED
15 JUN 12 AM 7:56
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TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	01
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4/17/15

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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
Name of Person at () 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

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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:

Mailing Address:

12415 CORIANDER DR
ORLANDO, FL 32837

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 DR

Florida street address (P.O. Box **NOT** acceptable)

<u>ORLANDO</u>	<u>FL</u>	<u>32837</u>
City	State	Zip

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TALLAHASSEE, FLORIDA

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.

Enny Gonzalez
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 GONZALEZ

12415 CORIANDER DR

ORLANDO, FL 32837

(Use attachment if necessary)

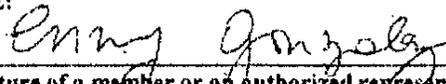
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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)