

L15000/09678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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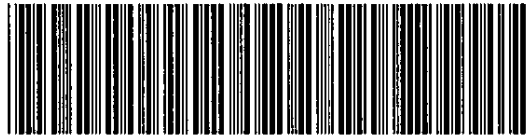
(Business Entity Name)

(Document Number)

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15 JUN 25 PM 1:05

✓ 06/29/15

**Cover Letter**

**To: Registration Section**

**Division of Corporations**

**PO Box 6327**

**Tallahassee, Fl 32314**

**From: Jorge Losada**

**16913 Cedar Bluff Dr**

**Tampa, Fl 33618**

**(305) 788-1891**

**jlosada120@gmail.com**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Losada Holdings 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:

Jorge Losada  
Name of Person

\_\_\_\_\_  
Firm/Company

116913 Cedar Bluff Dr.  
Address

Tpa, Fl. 33618  
City/State and Zip Code

jlosada120@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Losada at (305) 788-1891  
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Losada Holdings 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:

116913 Cedar Bluff Dr.  
Tpa, Fl. 33618

Mailing Address:

116913 Cedar Bluff Dr.  
Tpa, Fl. 33618

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:

Jorge Losada  
Name  
116913 Cedar Bluff Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Tpa Fl. 33618  
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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

Jorge Losada  
16913 Cedar Bluff Dr.  
Tpa, FL 33618

Jessica Losada  
16913 Cedar Bluff Dr.  
Tpa, FL 33618

(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.)

JORGE LOSADA

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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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