

L15000158645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

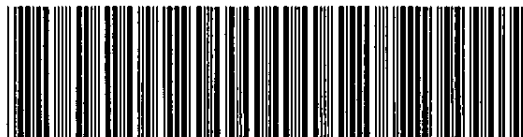
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2015 SEP 17 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 21 2015

T. BROWN

~~709 134 671~~

COVER

TO: Registration Section  
Division of Corporations

GARMOR ENTERPRISES, LLC

Name of Limited Liability

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of

JORGE E GARCIA  
MARIA C MORQUEZ  
11531 DONNA DRIVE  
Tampa FL 33637

City/State and Zip

MARIAH 927@HOTMAIL.COM

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

For further information concerning this matter, please call:

MARIA at (407) 536-1030  
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

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2015

JORGE E HARCIA  
11531 DONNA DRIVE  
TAMPA, FL 33637

SUBJECT: GAR MOR ENTERPRISES, LLC  
Ref. Number: W15000055993

We have received your document for GAR MOR ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles must include the name of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 115A00017722

ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARMOR Enterprises, LLC

(Must end with the words limited Liability Company, L.C., or C.)

2015 SEP 17 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

11531 DONNA DRIVE  
TAMPA FL 33637

Mailing Address:

11531 DONNA DRIVE  
TAMPA FL 33637

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:

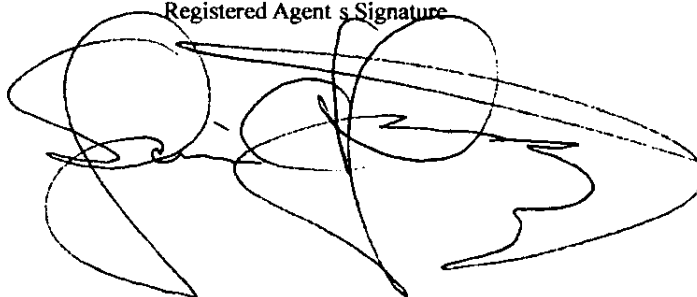
MARIA C MORAGUEZ  
11531 DONNA DRIVE TAMPA FL 33637

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

Florida 33637  
State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for 605,

Registered Agent's Signature



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

JORGE E. GARCIA MGR  
11531 DONNA DRIVE  
Tampa FL 33637

(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

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Typed or printed name of

**Filing**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**