

L/5000165186

(Requestor's Name)

(Address)

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MAIL

(Business Entity Name)

(Document Number)

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WISWOW 62377

SEP 29 2015

**T. SCOTT**



800276844088

09/09/15--01009--011 \*\*125.00

15 SEP 21 AM 8:16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2015

GUILLERMO GARCIA  
7611 CARACAL CT  
TAMPA, FL 33625

SUBJECT: CABLE INSTALLERS OF TAMPABAY, LLC  
Ref. Number: W15000062377

We have received your document for CABLE INSTALLERS OF TAMPABAY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list mgr with complete address.,

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.

Tyrone Scott  
Regulatory Specialist II

Letter Number: 115A00019857

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CABLE INSTALLERS OF TAMPABAY, 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:

GUILLERMO GARCIA

Name of Person

Firm/Company

7611 CARACAL CT

Address

TAMPA, FL 33625

City/State and Zip Code

GUILLESELI@HOTMAIL.COM

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

For further information concerning this matter, please call:

GUILLERMO GARCIA

813

728-6977

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**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CABLE INSTALLERS OF TAMPABAY, 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:

7611 caracal ct, Tampa fl 33625

Mailing Address:

7611 caracal ct, Tampa fl 33625

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:

GUILLERMO GARCIA

Name

7611 caracal ct,

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

Tampa

FL

33625

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)

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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

**Name and Address:**  
GUILLERMO GARCIA  
7611 caracal ct, Tampa fl 33625  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_


(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/21/2015 (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.  
 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.

GUILLERMO GARCIA  
 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)