

L15000168591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

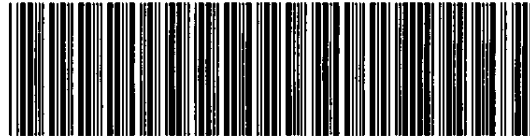
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 25 PM 1:22

APPROVED
AND
FILED

11/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEPUY STONES 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:

ALEXANDER R PEREZ

Name of Person

TEPUY STONES LLC.

Firm/Company

3650 N.W. 82 AV. UNIT 405

Address

DORAL, FL. 33166

City/State and Zip Code

info@tepuystones.com

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

For further information concerning this matter, please call:

BLANCA MENDOZA

305

4773702

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

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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TEPUY STONES, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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:

3650 NW 82 AV. UNIT 405
DORAL, FL. 33166

Mailing Address:

3650 NW 82 AV. UNIT 405
DORAL, FL. 33166

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:

ALEXANDER R PEREZ

Name

3650 NW 82 AV. UNIT 405

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

DORAL

City

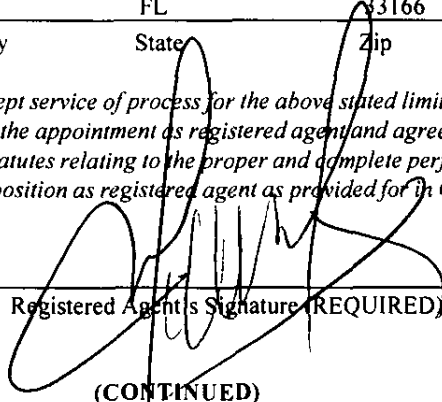
FL

State

33166

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)

APPROVED
AND
FILED

ARTICLE IV-

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

15 SEP 25 PM 1:23

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALEXANDER R PEREZ

3650 NW 82 AV. UNIT 405 DORAL, FL. 33166

AMBR

ELIANA PEROZA

3650 NW 82 AV. UNIT 405 DORAL, FL. 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-01-2015. (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.

ALEXANDER R PEREZ

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)