## L1500174451

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DIVISION OF CORPORATION

EFFECTIVE DATE 10/0/15

2 10/14/15

## **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: ESPAILED MODILE MOCHANICS 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:
Torge Espaillat Jr.  Name of Person  Espaillat Modle Mechanics LLC  Firm/Company
1311 VERSANT OF THE CIPT 301 BYOTACTORISO
Brandon FL 33511
City/State and Zip Code SOCIOI NETWONKING CONTEST  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joyce Espailat at 813 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 (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Espaillat	Mobile	Mechanics	LLC
		ability Company, "L.L.C.," o	
 II - Address:  2 address and street address of	of the principal offic	e of the Limited Liability Co	mpany is:

	<u>Mailing Address</u> :
:	
-:	
-	
	:

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:

**ARTICLE 1 - Name:** 

The name of the Limited Liability Company is:

1311 versant drive apt State

llaving 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  AM BR	Torge Espaillat JR
AMBR	Gina Maraia 1311 versam arive art301 Brandon FL 33511
	· · · · · · · · · · · · · · · · · · ·
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after at meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	<u> </u>
This document is exec I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State tree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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