

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. TONY & LUCY LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help





FAX No.

APPHOVEL002 AND FILED

ARTICLESUFORG	ANIZATION FOR FLORIDA LINUTED HABILITY COMPANDEC -4	ВМ	n
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ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE FLORIDA

TONY & LUCY 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:

	icipal Office Address:		Mailing Address:	
2350 NW 36 ST				
MIAMI, FL 3314	2	SA	SAME	
imited Liability Comp r business entity with	an active Florida registration	Registered Agent on.)	ent's Signature: . You must designate an individual o	
ome and the Florida su	eet address of the registere	ageni are:		
	ANTONIO PEREZ			
	ANTONIO PEREZ	Name		
	ANTONIO PEREZ 2350 NW 36 ST	Name		
			acceptable)	
·	2350 NW 36 ST		acceptable)	

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)

Page 1 of 2

P. 003

ARTICLE IV-	15 DEC -4 AM 9: 18
	thorized to manage and control the Limited Liability Company:
	SECRETARY OF STATE Name and Address: TALLAHASSEE FLORIDA
<u>Title:</u>	Name and Address: IALLAHASSEE FLORIDA
"AMBR" = Authorized Member	
"MGR" = Manager	15 VAR A
AMBR	ANTONIO PEREZ
	2350 NW 36 ST
	MIAMI, FL 33142
AMBR	LUCIA Z. RODRIGUEZ
	2350 NW 36 ST
	MIAMI, FL 33142
	•
	<u> </u>
(Use attachment if necessary)	
(Osc ditacimont in nocossary)	
ETICLE V: Refective date, if other than the date	of filing: (OPTIONAL)
an effective date is listed, the date must be soe	cific and cannot be more than five business days prior to or 90 days af
e date of filing.)	
	neet the applicable statutory filing requirements, this date will not be listed
e document's effective date on the Department of	of State's records.
through which has no little and as	
RTICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
REQUIRED SIGNATURE	
	$\frac{1}{\sqrt{1-\alpha}}$
	Janio J
Signature of a me	mber or an authorized representative of a member.

ANTONIO PEREZ Typed or printed name of signee

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.

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)