Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000294744 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

Fax Number

: (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

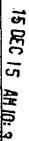
F#a	i٦	Add	iress	٠

FLORIDA LIMITED LIABILITY CO. P AND T ENTERPRISES LLC

1
0
03
\$130.00

Corporate Filing Menu

Help





850-617-6381

12/15/2015 11:17:34 AM PAGE 1/001

Fax Server



December 15, 2015

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Comporations

SUBJECT: P AND T ENTERPRISES LLC

REF: W15000080399

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

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: H15000294744 Letter Number: 415A00026177

#2829 P. 003/004 AND

ARTICLES OF ORGANIZATION FOR

15 DEC 15 AM 0: 30

FLORIDA LIMITED LIABILITY COMPANYALLAHASSEE HORIDA

	E1461146, 1-1-10
ARTICLE	I - Name:
The name	of the Limited Liability Company is: (Must end with the words "Limited Liability Company,
Lille, OF LL	
	Pand T Enterprises ilc
ል 'ውግፕሮፕ ፔ	II - Address:
The mailir	og address and street address of the principal office of the Limited Liability
Company	
•	
	6060 SW 26 ST
,	Miami FL 33155
ARTICLI	III - Registered Agent, Registered Office:
The name	and the Florida street address of the registered agent are: The Limited Lightlin
Company car with an activ	anot serve as its own Registered Agent. You must designate an individual or another business enti e Florida registration.)
	Alfonso Manuel Duran
	THOUSO MIGHORE DOTAIN
	6060 SW 26 SI
	Miami FL 33155
ARTICL	EIV-
I ne name Liability (and title of each person authorized to manage and control the Limited
THEOMIC'S (ompany,
•	· · · · · · · · · · · · · · · · · · ·
	Alfonso Manuel Duran
	(OMBP)
	(Alviba)
, , , , , , , , , , , , , , , , , , ,	• •
• •	

#2929 P.004/004

H 1 5 0 0 0 2 9 4 7 4 4

Required Signatures:

SECRETARY OF STATE TALLAHASSEE FI. (PIDA

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

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 60g, F.S..

> Agent's Signature (REQUIRED) Registered

> > Page 2 of 2