

L16000014978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

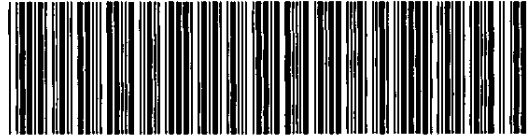
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/24/15--01014--034 **130.00

FILED
SECRETARY OF STATE
15 JAN 26 AM 9:02
CORPORATIONS

W15-078212

01/27/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

ORLANDO DIAZ VIDAL
17325 N.W. 67TH CT., APT. G
HIALEAH, FL 33015

SUBJECT: A & D TRUCKING LLC
Ref. Number: W15000078212

We have received your document for A & D TRUCKING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000016432 (A & D TRUCKING LLC).

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 215A00025341

January 22, 2016

Florida Department of State
P.O Box 6327
Tallahassee, Florida. 32314

Ref: ORAZAY's TEAM, LLC

We have received a letter stating that no payment was received.

Enclosed please find copy of check # 135 in the amount of \$ 130.00 dated
11/16/2015 and cashed on 11/24/2015

We have sent this check with the Articles of Organization for Florida Limited
Liability form with the company name: A&D Trucking, LLC, due to this name was
taken, we received the forms back to us but we never received the check.

Please apply the check # 135 in the amount of \$ 130.00 to be process the
application for ORAZAY's TEAM, LLC

If you have any questions please feel free to contact me at (786)343-9740 or
(305)316-8173

Thank You for your cooperation



Orlando Diaz Vidal
17325 NW 67th Ct, Apt.G
Hialeah, FL 33015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORZAY'S TEAM, 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:

ORLANDO DIAZ VIDAL

Name of Person

Firm/Company

17325 NW 67th CT, APT G

Address

HIALEAH, FL 33015

City/State and Zip Code

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

For further information concerning this matter, please call:

ORLANDO DIAZ VIDAL

786

343-9740

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:

ORZAY'S TEAM, 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:

17325 NW 67th CT, APT G
HIALEAH, FL 33015

Mailing Address:

17325 NW 67th CT, APT G
HIALEAH, FL 33015

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:

ORLANDO DIAZ VIDAL

Name

17325 NW 67th CT, APT G

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

HIALEAH

FL

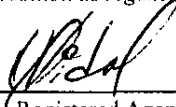
33015

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..

X 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

AMBR

Name and Address:

ORLANDO DIAZ VIDAL

17325 NW 67th CT, APT G

HIALEAH, FL 33015

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

x



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.

ORLANDO DIAZ VIDAL

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)

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