

L16000020389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

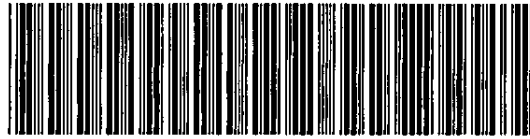
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**EFFECTIVE DATE**  
1-15-16

**FILED**  
2016 JAN 22 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 2 2016  
T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CERTREJO SERVICES  
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:

Carla Mujica  
Name of Person

CERTREJO SERVICES  
Firm/Company

15531 SW 109th Terrace  
Address

Miami / Florida / 33196  
City/State and Zip Code

carla\_mujica3@hotmail.com / carlos\_romero\_trejo@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carla Mujica at ( 404 ) 823 7545  
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

# Carla Mujica

15531 SW 109th Terrace Miami, Florida 33196 | (404) 823-7545 | Carla\_mujica2@hotmail.com

**January 15, 2016**

Division of Corporations  
Florida Department of State  
New Filing Section  
Division of Corporations  
P.O BOX 6327  
Tallahassee, FL 32314

RECEIVED  
16 JAN 22 PM 2:26  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Division of Corporations:**

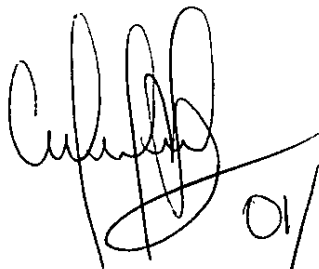
My name is Carla Mujica and my company name is CERTREJO SERVICES, LLC.

You can contact any time to my phone number (404) 823-7545.

Our address is 15531 SW 109<sup>th</sup> Terrace Miami, Florida 33196.

Attached you will find a check payable to Florida Department of state as indicated in the instruction for the amount of \$160.00 paying for the filing fee, certificate of Status & Certified copy, with an additional copy enclosed.

Sincerely,



01/15/16

Carla Mujica

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CERTREJO SERVICES LLC

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

FILED  
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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:

15531 SW 109th Terrace  
Miami, FL 33196

Mailing Address:

15531 SW 109th Terrace  
Miami, FL 33196

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:

EFFECTIVE DATE

1-15-16

Tony Mujica  
Name

15531 SW 109th Terrace

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

Miami Florida 33196

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..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGR

AMBR

AMBR

**Name and Address:**

Carlos Romero  
15531 SW 109th Terrace

Carlos Romero  
15531 SW 109th Terrace

Carla Mujica  
15531 SW 109 Terrace

Maria Mujica  
15531 SW 109 Terrace

(Use attachment if necessary)

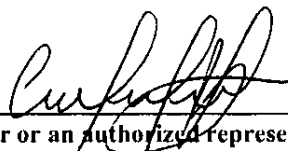
**ARTICLE V:** Effective date, if other than the date of filing: 9/15/16 (OPTIONAL)

(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.

Carla Mujica

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)