

# L/6UXX027546

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. SUMINISTROS MARACAY 2708 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

100382

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 17 2016

FEB 07 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUMINISTROS MARACAY 2708 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:

LORENA ROJAS

Name of Person

OSCAR A CABRERA P.A.

Firm/Company

15678 SW 17 TERRACE

Address

MIAMI, FLORIDA 33185

City/State and Zip Code

lorenarojasvalentin@yahoo.com

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

For further information concerning this matter, please call:

Lorena Rojas

305

804-4428

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:

SUMINISTROS MARACAY 2708, LLC

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

16 FEB -9 AM 11:27

STATE  
FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

JOSE O. PAEZ

SAME

9619 NW 33rd Street

Doral, Florida 33172

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:

JOSE O. PAEZ

Name

9619 NW 33rd Street

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

Doral, Florida 33172

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

JOSE G. LANDER  
9619 NW 33rd STREET  
DORAL, FLORIDA 33172

MGR

STEFHANIE C. AZEREDO  
9619 NW 33rd STREET  
DORAL, FLORIDA 33172

AMBR

JOSE O. PAEZ  
9619 NW 33rd STREET  
DORAL, FLORIDA 33172

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/09/2016 (OPTIONAL)

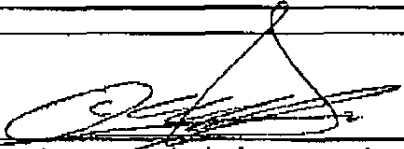
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ANY AND ALL LAWFULL BUSINESS**

**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.

Jose O. Paez  
Typed or printed name of signer