1600006345

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700283906007

04/01/16--01012--014 **130.00

16 APR - I PH 12: 23

mo 4/6

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Elizabeth Cortes	
BOBOL		Limited Liability Company
The end	closed Articles of Organization and fee(s	s) are submitted for filing.
Please 1	return all correspondence concerning this	s matter to the following:
	Elizabeth Cortes	
		Name of Person
		Firm/Company
	437 Los Altos Way #203	This company
		Address
	Altamonte Springs, FL 32714	
	liz.cortes@live.com	City/State and Zip Code
	E-mail address: (to be u	used for future annual report notification)
For furth	er information concerning this matter, pl	lease call:
	Elizabeth Cortes	305 607-4596
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
\$125.0	9 Filing Fee \$\frac{\$130.00}{\text{Filing Fee } \$}\$ Certificate of Status	\$155.00 Filing Fee & \$160.00 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

Elizabeth Cortes, LLC				
(Must end with the words "L	imited Liability Com	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			n.	
The mailing address and street address of the princ	cipal office of the Lin	nited Liability Company is:	登場 あ	
Principal Office Address	; :	Mailing Address:	APR T	
437 Los Altos Way #203		437 Los Altos Way #203	S 1 1	PURE
Altamonte Springs, FL 32714		Altamonte Springs, FL 32714		٠
			- Table 1	- 1
				1
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as it another business entity with an active Florida regi		Agent's Signature: ent. You must designate an individual		i
	stration.)	Agent's Signature: ent. You must designate an individual		
another business entity with an active Florida regi	stration.)	Agent's Signature: ent. You must designate an individual		
another business entity with an active Florida regi	stration.)	Agent's Signature: ent. You must designate an individual		
another business entity with an active Florida regi	istered agent are:	Agent's Signature: gent. You must designate an individual		
another business entity with an active Florida regi The name and the Florida street address of the regi Elizabeth Corto 437 Los Altos	istered agent are:			
another business entity with an active Florida regi The name and the Florida street address of the regi Elizabeth Corto 437 Los Altos	stration.) istered agent are: Name Way #203 address (P.O. Box Name)			

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.

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	Es 5
"MGR" = Manager	Elizab ath Cautan	
MGR	Elizabeth Cortes 437 Los Altos Way #203	
	Altamonte Springs, FL 32714	
	Anamonic Springs, FL 32/14	To the state of th
AMBR	Alejandro L. Cortes	
AWIDK	437 Los Altos Way #203	
		
	Altamonte Springs, FL 32714	<u> </u>

	·	
		
		
(Use attachment if necessary)	to of filing.	ODTIONAL)
ICLE V: Effective date, if other than the dan effective date is listed, the date must be sate of filing.)	ste of filing: (Conspectific and cannot be more than five business determined the applicable statutory filing requirements at of State's records.	ays prior to or 90 days af
ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.) E: If the date inserted in this block does not	specific and cannot be more than five business do t meet the applicable statutory filing requirements	ays prior to or 90 days af

as

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (2)

\$ 5.00 Certificate of Status (Optional)