## 116000019690

(Re	equestor's Name)	1
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bı	isiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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TALLAHASSEF FLORIDA

## **COVER LETTER**

	egistration Section ivision of Corporations		
CLUB LE CE	NATHAN & URISA LLC		
SUBJECT	Name of	Limited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	rn all correspondence concerning this	matter to the following:	עי
	ADAN A SANCHEZ		
		Name of Person	
		Eiro/Componi	·
		Firm/Company	
	10361 S W 14 STREET		
		Address	
	MIAMI, FL 33174		
-		City/State and Zip Code  Lan @ Com Cast, net  sed for future annual report notification)	-
For further in	nformation concerning this matter, ple	•	
	ADAN A SANCHEZZ	305 227-8881	
•	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327	Street Address  New Filing Section  Division of Corporations  Clifton Building	1848.

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

i na.

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

npany, "L.L.C.," or "LLC.")
Mailing Address
r

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Cim	State	Zip
MIAMI	FL	33174
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
10361 S W 14 ST	REET	
	Name	
ADAN A SANCI	HEZ	

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

SECRETARY OF CHARLES

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ADAN A SANCHEZ
	10361 S W 14 STREET
	MIAMI FL 33174
TREASURER	MARICELA SANCHEZ
	10361 S W 14 STREET
	MIAMI FL 33174
(Use attachment if necessary)	
	0.4/1.6/0.1/
<b>EV</b> : Effective date, if other than the c	date of filing: 04/16/2016 (OPTIONAL)
ective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 day
	ot meet the applicable statutory filing requirements, this date will not be
ment's effective date on the Departme	
ment's effective date on the Beparan	on of State 3 records.
<b>LE VI:</b> Other provisions, if any.	

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.

ADAN A SANCHEZ

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)