

L16 0000 92858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

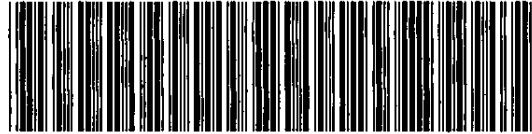
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16 MAY -6 PM 1:14  
TALLAHASSEE, FLORIDA

05-17-16  
/

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GUAYORA 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:

Adrian Flores

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13899 BISCAYNE BLVD STE 319

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33181

\_\_\_\_\_  
City/State and Zip Code

oscar\_ayora@hotmail.com

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

For further information concerning this matter, please call:

Adrian Flores

786

2087778

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:

GUAYORA 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:

13899 BISCAYNE BLVD STE 319  
NORTH MIAMI BEACH, FL 33181

Mailing Address:

13899 BISCAYNE BLVD STE 319  
NORTH MIAMI BEACH, FL 33181

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:

ADRIAN FLORES

Name

13899 BISCAYNE BLVD STE 319

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

NORTH MIAMI BEACH FL 33181

City

State

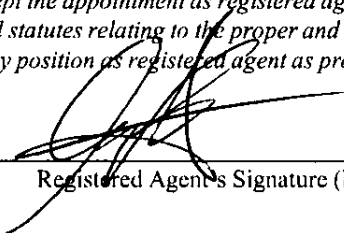
Zip

STATE OF FLORIDA  
SOLICITOR GENERAL  
JAMES H. CANAVAN  
TALLAHASSEE, FLORIDA

16 MAY - 6 PM 1:14

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*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)

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

AMBR

NORTH MIAMI BEACH, FL 33181

NORTH MIAMI BEACH, FL 33181

**ARTICLE VI: Other provisions, if any.**

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**