## L16.0000 92858

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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05/17-14

## COVER LETTER

	degistration Section Division of Corporations		
SUBJECT	GUAYORA LLC.		
SUBJECT		of Limited Lia	bility Company
The enclos	sed Articles of Organization and fe	e(s) are submitt	ed for filing.
Please retu	urn all correspondence concerning	this matter to th	e following:
	Adrian Flores		
		Name	of Person
		Firm/	Company
	13899 BISCAYNE BLVD STE		Сопрану
		Ac	ldress
	NORTH MIAMI BEACH, FL 33	3181	
	oscar_ayora@hotmail.com	City/State	and Zip Code
•	E-mail address: (to b	e used for futur	e annual report notification)
For further i	nformation concerning this matter,	please call:	
	Adrian Flores	786 at (	2087778
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount	:	
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of State	us LLCert	5.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

GUAYORA LLC.	<del></del>				
(Must end	with the words "Limited Liab	ility Company, '	'L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and street a	ddress of the principal office	of the Limited L	iability Company is:		
<u>Princip</u>	oal Office Address:		Mailing Address:		
13899 BISCAYNE I	BLVD STE 319	13899	BISCAYNE BLVD STE 319		
NORTH MIAMI BE	EACH, FL 33181	NORT	H MIAMI BEACH, FL 33181		
ARTICI F III - Registered Ag	ent Registered Office & Re			_	
		egistered Agent	's Signature:		
The Limited Liability Company	y cannot serve as its own Regis	egistered Agent		-	
The Limited Liability Company	y cannot serve as its own Regis	egistered Agent	's Signature:		
nother business entity with an	y cannot serve as its own Regisactive Florida registration.)	egistered Agent' stered Agent. Yo	's Signature:		
The Limited Liability Company nother business entity with an a	y cannot serve as its own Regisactive Florida registration.)	egistered Agent' stered Agent. Yo	's Signature:	HAY	
The Limited Liability Company nother business entity with an a	y cannot serve as its own Regisactive Florida registration.)	egistered Agent' stered Agent. Yo	's Signature:		
The Limited Liability Company	y cannot serve as its own Registactive Florida registration.) address of the registered agen	egistered Agent <sup>s</sup> stered Agent. You	's Signature:	MAY -6	
The Limited Liability Company nother business entity with an a	y cannot serve as its own Registactive Florida registration.) address of the registered agen ADRIAN FLORES Nan	egistered Agent <sup>s</sup> stered Agent. You at are:	's Signature:	MAY -	
The Limited Liability Company nother business entity with an a	y cannot serve as its own Registration.) address of the registered agen ADRIAN FLORES Nan 13899 BISCAYNE BLVD	egistered Agent <sup>3</sup> stered Agent. You at are:	's Signature: ou must designate an individual-or	MAY -6 PH	
The Limited Liability Company nother business entity with an a	y cannot serve as its own Registactive Florida registration.) address of the registered agen ADRIAN FLORES Nan	egistered Agent <sup>3</sup> stered Agent. You at are:	's Signature: ou must designate an individual-or	MAY -6 PH	
The Limited Liability Company nother business entity with an a	y cannot serve as its own Registration.) address of the registered agen ADRIAN FLORES Nan 13899 BISCAYNE BLVD	egistered Agent <sup>3</sup> stered Agent. You at are: ne 0 STE 319 0. Box NOT acc	's Signature: ou must designate an individual-or	MAY -6	

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	OSCAR AYORA R.
MIDA	13899 BISCAYNE BLVD STE 319
	NORTH MIAMI BEACH, FL 33181
	NORTH WIRMS BEACH, PL 33181
AMBR	SILVIA GUARINO ALVAREZ
	13899 BISCAYNE BLVD STE 319
	NORTH MIAMI BEACH, FL 33181
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	Spile that person in
	Pr )
	1.00 July 2002
(Use attachment if necessary)	
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Page 2 of 2