## L16000097862

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

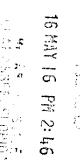
Office Use Only



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MAY 29 2016 S. GILBERT



## **COVER LETTER**

TO:	Registration Section Division of Corporations
CUD IE	ARF CONSULTING, LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	JESUS M. JUAN
	Name of Person
	Firm/Company
	2871 SW 137 COURT
	Address
	MIAMI, FL 33175
	City/State and Zip Code
	accounting@letimar.com  E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	ARTURO FERNANDEZ 305 491-7508
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \tag{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \tag{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

7.0
16 MAY 16 PM
- 1 Feb. 195
, "L.L.C.," or "LLC.") $3_{\mathcal{C}_{\mathcal{L}}}$ $3_{\mathcal{C}_{\mathcal{L}}}$
Liability Company is:
Mailing Address:
3658 SW 23 TERRACE
MIAMI, FL 33145
cceptable)
33175
Zip
above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Memb	er
MGR" = Manager	A DITUDO PUDNAMOEZ
AMBR	ARTURO FERNANDEZ  3658 SW 23 TERRACE
	MIAMI, FL 33145
	PHINTIP
<u></u>	
V: Effective date, if other the	on the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days prior to or 90
ctive date is listed, the date r f filing.) the date inserted in this block nent's effective date on the D EVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other the ctive date is listed, the date of filing.) the date inserted in this block nent's effective date on the DEVI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not partment of State's records.
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CV: Effective date, if other the ctive date is listed, the date is filing.) he date inserted in this block it is effective date on the Dict. VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature the comment of the comment o	does not meet the applicable statutory filing requirements, this date will not epartment of State's records.  The of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.  JESUS M. JUAN
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