

L16000171627

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(Business Entity Name)

(Document Number)

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~~WFO-59135~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2016

PEDRO L. CARRILLO  
4485 N.W. 36TH STREET, SUITE 8  
MIAMI SPRINGS, FL 33166

SUBJECT: C & R HOMES ~~LLC~~ OF FLORIDA, LLC.  
Ref. Number: W16000059135

RECEIVED SEP 1 2 REC'D

OF FLORIDA, LLC

We have received your document for C & R HOMES ~~LLC~~ and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L13000023305 (CR HOMES, LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 116A00018160

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 SEP 12 AM 10:39

SEP 11 2016

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: C & R HOMES 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:

**PEDRO L. CARRILLO**

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

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

**4485 N.W. 36TH STREET, SUITE 8**

\_\_\_\_\_  
Address

**MIAMI SPRINGS, FLORIDA 33166**

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

**acarri1033@aol.com**

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

For further information concerning this matter, please call:

**PEDRO L. CARRILLO**

**305**

**882-1811**

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:

~~C & R HOMES LLC~~ C & R HOMES OF FLORIDA, 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:**

3415 N.W. 180TH TERRACE  
NEWBERRY, FLORIDA 32669

**Mailing Address:**

3415 N.W. 180TH TERRACE  
NEWBERRY, FLORIDA 32669

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:

PEDRO L. CARRILLO

Name

4485 N.W. 36TH STREET, SUITE 8

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

<u>MIAMI SPRINGS</u>	<u>FLORIDA</u>	<u>33166</u>
City	State	Zip

*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)

SECRETARY OF STATE  
FLORIDA

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FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR/ AMBR

**Name and Address:**

ANA E. ROMERO

3415 N.W. 180TH TERRACE

NEWBERRY, FLORIDA 32669

AMBR

PEDRO L. CARRILLO

4485 N.W. 36TH STREET, SUITE 8

MIAMI SPRINGS, FLORIDA 33166

AMBR

MARIA CARRILLO

4485 N.W. 36TH STREET, SUITE 8

MIAMI SPRINGS, FLORIDA 33166

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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.

PEDRO L. CARRILLO

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)

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
RECEIVED