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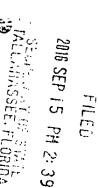
(Requestor's Name)
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(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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1/4

COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: C. Quinones Paix	of Liability Company
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Carlos L Quir	Name of Person
C. Quiñones Po	Firm/Company
3516 Saint Jo	m 5+ AP+ 101 Address
Panama City	FL 32401 y/State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please of	rali:
	ASO) 276-5674 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$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	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

*ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

FILED

The name of the Limited Liability Company is:
2016 SEP 15 PM 2: 40
(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.," TALLAHASSEE, FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
35/6 Saint Johnst 35/6 Saint John APT 101 Romana City 57 APT 101 Romana City 514/ FL 32401
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:
Carlos L. Quiñones
35 16 Saint Johnst APT. 101 Florida street address (P.O. Box NOT acceptable)
Panama City FL. 32401 City State Rip
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

(CONTINUED)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Page 1 of 2

FILED

"AMBR" = Authorized Member "MGR" = Manager AMBR - MGR	
AMBR - MGB	Name and Address: SELICLARY OF SIM
	Carlos L. Quizones
	APT 101 - 20111 21
	Panama City FL
	32401
<u> </u>	
(Use attachment if necessary)	
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