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EURLIARY OF STATE LLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/17

01/06/17

## COVER LETTER

	Registration Section Division of Corporations		
SUBJEC <sup>*</sup>	JOSE G. FRANCO PARTNERS,	LLC.	
SUBJEC		Limited Liabili	ty Company
The enclo	sed Articles of Organization and fee(s	) are submitted	for filing.
Please ret	urn all correspondence concerning this	s matter to the fo	ollowing:
	JOSE G. FRANCO		
		Name of	Person
	JOSE G. FRANCO PARTNERS, L	LC.	
		Firm/Co	npany
	15260 SW 45th TERRACE UNIT	F	
		Addre	ess
	MIAMI FL, 33185		
	josefranco0128@att.net	City/State and	I Zip Code
	E-mail address: (to be u	ised for future a	nnual report notification)
For further	information concerning this matter, pl	ease call:	
	JOSE G. FRANCO	305	951-4785
	Name of Person		Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee Status	└─ Certific	0 Filing Fee & \$160.00 Filing Fee, cd Copy 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

Company is:			
.C.			
	d Liability Con	pany, "L.L.C.," or "LLC.")	
ress of the principal o	office of the Li	nited Liability Company is:	
Office Address:		Mailing Add	ress:
ACE UNIT F		15260 SW 45th TERRACE	UNIT F
		MIAMI FL, 33185	
JOSE G. FRANCO	Name RRACE UNIT		
Florida street addres	ss (P.O. Box <u>N</u>	OT acceptable)	
MIAMI	FL	33185	
City	State	Zip	
hereby accept the app visions of all statutes r	pointment as regelating to the parties as registered as registered as red Agent's S	gistered agent and agree to act roper and complete performan gent as provided for in Chapte ignature (REQUIRED)	in this capacity. I ace of my duties, and I
	Office Address:  ACE UNIT F  t, Registered Office, annot serve as its own ive Florida registration dress of the registered JOSE G. FRANCO  15260 SW 45th TEFF Florida street address MIAMI  City  ent and to accept serve the reby accept the apprissions of all statutes regations of my position	th the words "Limited Liability Comress of the principal office of the Lincoffice Address:  ACE UNIT F  ACE UNIT IN THE INTERPACE UNIT IN TH	th the words "Limited Liability Company, "L.L.C.," or "LLC.")  ress of the principal office of the Limited Liability Company is:  Office Address:  Mailing Add  ACE UNIT F  15260 SW 45th TERRACE IMIAMI FL, 33185  ARE Great as its own Registered Agent's Signature: Annot serve as its own Registered Agent. You must designate an inive Florida registration.)  dress of the registered agent are:  JOSE G. FRANCO  Name  15260 SW 45th TERRACE UNIT F  Florida street address (P.O. Box NOT acceptable)  MIAMI  FL  33185  City  State  Zip  Light and to accept service of process for the above stated limited liable thereby accept the appointment as registered agent and agree to act issions of all statutes relating to the proper and complete performant stations of my position as registered agent as provided for in Chapter  ACE UNIT F  15260 SW 45th TERRACE IMIAMIAMIAMIAMIAMIAMIAMIAMIAMIAMIAMIAMIA

Page 1 of 2

17 JAN -5 AMIL: 50

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	JOSE G. FRANCO
AWIDK	15260 SW 45th TERRACE UNIT F
	MIAMI FL 33185
MGR	JOSE G. FRANCO
	15260 SW 45th TERRACE UNIT F
	MIAMI FL, 33185
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E V: Effective date, if other than the ective date is listed, the date must	e date of filing: 01-01-2017
ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the ective date is listed, the date must of filing.)  The date inserted in this block does ment's effective date on the Depart.  EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not timent of State's records.
E V: Effective date, if other than the ective date is listed, the date must of filing.) the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not timent of State's records.  f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State
E V: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block does ment's effective date on the Depart E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is I am aware that an	s not meet the applicable statutory filing requirements, this date will not timent of State's records.  f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

\$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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