## a Department of S

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

## FLORIDA LIMITED LIABILITY CO. E-WANT, LLC

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## **COVER LETTER**

10.	Division of Corporations				
SUBJE	CT: E-WANT, LLC				
-0242	Name of Limited Liability Company				
The ene	losed Articles of Organization and fee(s) are submitted for filing.				
	cturn all correspondence concerning this matter to the following:				
	CARLOS CASTELLANO				
	Name of Person				
	E-WANT, LLC				
	Firm/Company				
	10891 NW 17th Street				
Address					
	Miami, FL 33172				
	City/State and Zip Code				
	voltec_corporation@yahoo.com				
	E-mail address: (to be used for future annual report notification)				
For further	information concurring this matter, please call:				
	Bayardo N Aguilar Jr 786 773-2399				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:				
	S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallehassee, FL 32314  Street Address  New Filing Section  Division of Corporations  Clifton Building  Tallehassee, FL 32314  Z661 Executive Center Circle  Tallnhassee, FL 32301				

CC

## ARTICLES OF ORGANIZATION FOR FLORIDAL EMITTED LIABILITY COMPANY

<del></del>	E-WANT, LLC				
(Musi	contain the words "Limit	ed Liability Company	, "LLC.," or "LLC.")		
TICLE II - Address: mailing address and str	ect address of the princips	d office of the Limite	d Liability Company is:		
<u> </u>	ncipal Office Address:		Mailing Address:		
10001 5771 404	Ch EN T. II m h-				
10891 NW 17th Daral, FL 33177	2		ne as Principal Office Address		
Deral, FL 33177  RTICLE III - Registered to Limited Liability Com	Agent, Registered Offic	c, & Registered Age		7 TA	
Doral, FL 33177  RTICLE III - Registered to Limited Liability Competer business entity with	Agent, Registered Offic pany cannot serve as its or an active Florida registrat reet address of the register	e, & Registered Agree va Registered Agree tion.) ed agent are:	nt's Signature: You must designate an individual or		
Doral, FL 33177  RTICLE III - Registered to Limited Liability Competer business entity with	Agent, Registered Offic pany cannot serve as its or an active Florida registrat reet address of the register	e, & Registered Agent va Registered Agent tion.) ed agent are:	nt's Signature: You must designate an individual or	2010 HAR 22 SECRETARY TALLAHASSE	
Doral, FL 33177  RTICLE III - Registered to Limited Liability Competer business entity with	Agent, Registered Offic pany cannot serve as its or an active Florida registrat rect address of the register CARI	e, & Registered Agent on Registered Agent tion.) ed agent are: OS CASTELLANO Name	nt's Signature: You must designate an individual or	IIO MAR 22 ECRETARY O LLAHASSEE	
Doral, FL 33177  RTICLE III - Registered to Limited Liability Competer business entity with	Agent, Registered Office pany cannot serve as its own an active Florida registrat rect address of the register  CARI	e, & Registered Agent va Registered Agent tion.) ed agent are: .OS CASTELLANO Name	nt's Signature: You must designate an individual or	HAR 22 AH ECRETARY OF S LLAHASSEE, FL	
Doral, FL 33177  RTICLE III - Registered to Limited Liability Competer business entity with	Agent, Registered Office pany cannot serve as its own an active Florida registrat rect address of the register  CARI	e, & Registered Agent on Registered Agent tion.) ed agent are: OS CASTELLANO Name	nt's Signature: You must designate an individual or	IIO MAR 22 ECRETARY O LLAHASSEE	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **AMBR** CARLOS CASTELLANO 11207 NW 77TH TERRACE DORAL, FL 33178 MOR PAN HAO 10891 NW 17TH STREET, UNIT # 140 DORAL, FL 33172 MGR DAVID ORTEGA 10891 NW 17TH STREET, UNIT # 140 DORAL, FL 33172 MGR CARLOS CASAL 10891 NW 17TH STREET, UNIT # 140 DORAL, FL 33172 (Use attachment if nocessary) ARTICLE V: Effective date, if other than the date of filing: (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 . (OPTIONAL) 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: Certico milial Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stamtes. 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. CARLOS CASTELLANO 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)

And the second s

name of the contract of the co

\$ 5.80 Certificate of Status (Optional)

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