118000108005

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
	PICK-UP WAIT MAIL				
,	(Business Entity Name)				
•	(Document Number)				
	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				
	9/64				
	! 				

Office Use Only



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2018 APR 27 AH 11: 34

TO SECURE OF ATIONS

LET A TOO MY ERCIAL

HE SHOULD BE STRUIGES

To: Florida Department of Revenue

ATTN: Matthew Moon

From: Hector Brando

Dear Mr. Moon,

I would like to re-file a LLC named 200MPH Store which I dissolved back on 04/16/2017, then I sent a revocation of dissolution on January 2018 with the corresponded fee but it was passed the 120 days. For this reason I want to re-file with the same name and I'm attaching \$55 dollars to also get a certificate.

If you have any question please feel free to contact me at (321)231-3145.

Sincerely,

Hertor Brando

18 APR 27 PH 12: 49

COVER LETTER

	ew Filing Section vision of Corporations					
SUBJECT:	200MPH STORE, LLC					
SOBJECT	Name of Limited Liability Company					
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.			
Please retur	n all correspondence concerning th	is matter to the f	following:			
	HECTOR BRANDO					
		Name of	Person			
	200MPH STORE, LLC					
		Firm/Co	mpany			
	2828 MICHIGAN AVE STE 104			98.2		
Address				744		
	KISSIMMEE FL 34744			R 27 PH 12: 45		
7	200MPHSTORE@GMAIL.COM	City/State an	d Zip Code	92 3		
_	. 	used for future a	nnual report notification))		
For further in	nformation concerning this matter, p	lease call:				
	HECTOR BRANDO	407 u (818-6616			
•	Name of Person	Area Code	Daytime Telephone N	umber		
Enclosed is	a check for the following amount:					
\$125.00 Fil	ling Fee S130.00 Filing Fee Certificate of Statu	s LUCertifi	ed Copy al 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		Street Address New Filing Section Division of Corporations Clifton Building	:		
	Tallahassee, FL 32314		2661 Executive Center C	Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	y Company is:				
200MPH STORE LL	С				
	in the words "Limited	Liability Company	"L.L.C.," or "LLC.")		
ARTICLE II - Address:		.co calca I inde	Lishibia Camarania		
The mailing address and street ad	idress of the principal o	office of the Limited	Liability Company is:		
<u>Principa</u>	Principal Office Address:		Mailing Address:		
2828 MICHIGAN AV	VE STE 104	651	6512 SWISSCO DR APT 1412		
KISSIMMEE, FL 347	744	OR	ORLANDO, FL 32822		
					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or		
The name and the Florida street a	ddress of the registered				
		d agent are:			
	HECTOR BRANDO				
	HECTOR BRANDO				
	HECTOR BRANDO	Name			
		Name VE STE 104	cceptable)		
	2828 MICHIGAN A	Name VE STE 104	cceptable)		

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)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	HECTOR BRANDO
AWDR	6512 SWISSCO DR APT 1412
	ORLANDO, FL 32822
AMBR	YURIKA VASQUEZ
	6512 SWISSCO DR APT 1412
	ORLANDO, FL 32822
_	
	
(Use attachment if necessary)	
(Ose attachment it necessary)	
ARTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
If an effective date is listed, the date mu: he date of filing.)	st be specific and cannot be more than five business days prior to or 90 days afte
	es not meet the applicable statutory filing requirements, this date will not be listed
he document's effective date on the Depa	rtment of State's records.
RTICLE VI: Other provisions, if any.	
	· · · · · · · · · · · · · · · · · · ·
	a /
REOUIRED SIGNATURE:	1//////////////////////////////////////
REQUIRED SIGNATURE:	Hololok L
	of a member or an authorized representative of a member.
Signature This document i	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature This document is I am aware that a	of a member or an authorized representative of a member, sexecuted in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State
Signature This document is I am aware that a constitutes a thire	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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