

# L18000127511

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001561513))



H180001561513ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6281

From: Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : 120080000080  
Phone : (305)642-1090  
Fax Number : (305)642-1010

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

Email Address: Danielherera578@gmail.com

FILED  
18 MAY 22 AM 11:07  
SCL INC  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/1/2018 BY 60322/UC/STP

RECEIVED  
2018 MAY 22 PM 2:52  
DIVISION OF CORPORATIONS  
SUNSHINE COMMERCIAL  
REGISTRATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
L18000116043

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

T COLLINS  
MAY 23 2018

Electronic Filing Menu Corporate Filing Menu Help

H180001561513

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CRISTO TE AMA 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:

REINA TAPIA

Name of Person

SERVICIOS COMUNITARIOS LATINOS INC

Firm/Company

1463 W FLAGLER ST

Address

MIAMI FL 33135

City/State and Zip Code

DANIELHERERA578@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL DE JESUS HERRERA 305

776-7049

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

FILED

18 MAY 22 AM 11:07

H180001561513

H18000156151 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CRISTO TE AMA LLC

(Must contain 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:**837 NW 57 STREET  
MIAMI, FL. 33127**Mailing Address:**837 NW 57 STREET  
MIAMI, FL. 33127**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:

DANIEL DE JESUS HERRERA PINEDA

Name

837 NW 57 STREETFlorida street address (P.O. Box **NOT** acceptable)MIAMI

City

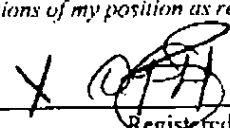
FL

State

33127

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)

FILED  
18 MAY 22 AM 11:07  
CLERK OF THE  
ALF AND SUE FLENNER

H18000156151 3

H18000156151 3

**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

Name and Address:

DANIEL DE JESUS HERRERA PINEDA

837 NW 57 STREET

MIAMI, FL 33127

(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.

NONE

**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.

DANIEL DE JESUS HERRERA PINEDA

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)

FILED  
18 MAY 22 AM 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

H18000156151 3