

Florida Department of State  
Division of Corporations  
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# L18000132370

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SIEGFRIED, KYPNIS, RIVERA, LERNER, DE LA TORRE & MCCABSKI PA  
Account Number : 076424000767  
Phone : (305) 442-3334  
Fax Number : (305) 443-3292

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

Email Address: Orivera@SRHL-Law.COM

FLORIDA LIMITED LIABILITY CO.  
BOLIVAR, LLC

Certificate of Status	0
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Page Count	01
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2018 MAY 29 AM 9:45

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May 23, 2018

FLORIDA DEPARTMENT OF STATE

SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCAARSK  
Division of Corporations

SUBJECT: BOLIVAR CORPORATION  
REF: W18000049002

We have received your document for BOLIVAR CORPORATION and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P020001044446.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Catherine M Wood  
Regulatory Specialist II

FAX Aud. #: H18000153948  
Letter Number: 718A00010723

[H18000153948 3]

**COVER LETTER**

**TO: Registration Department  
Division of Corporations**

**SUBJECT: BOLIVAR MARTINEZ, 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:

Oscar R. Rivera, Esq.  
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.  
8211 West Broward Boulevard, Suite 250  
Plantation, Florida 33324  
[orivera@srhl-law.com](mailto:orivera@srhl-law.com)

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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TALLAHASSEE, FLORIDA

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[H18000153948 3]

[H1800015394S 3]

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: BOLIVAR MARTINEZ, LLC.

**ARTICLE II – ADDRESS:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
4100 Salzedo Street, #19  
Coral Gables, Florida 33146

Mailing Address:  
4100 Salzedo Street, #19  
Coral Gables, Florida 33156

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The Name and the Florida Street address of the Registered Agent is LISA BOLIVAR, 4100 Salzedo Street, #19, Coral Gables, Florida 33146.

*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.*

By:   
Lisa Bolivar Martinez, Registered Agent

**ARTICLE IV – MANAGER/DIRECTORS**

Title:  
MGR

Name and Address  
Lisa Bolivar Martinez  
4100 Salzedo Street, #19  
Coral Gables, Florida 33146

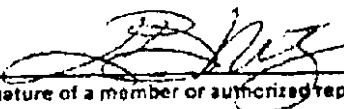
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REQUIRED SIGNATURE:

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.]

\_\_\_\_\_  
LISA BOLIVAR MARTINEZ  
Type or printed name of signer

[H18000153948 3]