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SECRETARY OF STATE

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COVER LETTER

	ew Filing Section vision of Corporations			
SUBJECT	Inflatable Huerta LLC			
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.	
Please retur	n all correspondence concerning this	s matter to the f	ollowing:	
	Lorenzo Huerta			
		Name of	Person	
		Firm/Co		
	483 Midwest Pkwy	rimico	mpany	
	Address			
	Sarasota, FL 34232			
l	orenzogarcia1975@gmail.com	City/State an	d Zip Code	
_	E-mail address, (to be u	ised for future a	nnual report notification)	
For further in	iformation concerning this matter, pl	ease call:		
	Antonio Dominguez	941	960-2941	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Ft	ling Fee S130.00 Filing Fee & Certificate of Status	LJCertific	0 Filing Fee & S160.00 Filing Fee, ed Copy al copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassec, 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

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
Inflatable Huerta LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
A DAMPACIA DA LA CALLA	
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
483 Midwest Pkwy	483 Midwest Pkwy
Sarasota, FL 34232	Sarasota, FL 34232
ADTICLE III Degistared Agent Denictored Office & D.	and tarned towns. Signatures
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Regi	
another business entity with an active Florida registration.)	and the second s
,	
The name and the Florida street address of the registered aget	nt are;
Lorenzo Huerta	

Name

483 Midwest Pkwy

Florida street address (P.O. Box <u>NOT</u> acceptable)

Sarasota Florida 34232

Sarasota Florida 34232
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited hability 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 (REQUIRE)

(CONTINUED)

SECRETARY OF STATE

FILED

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Lorenzo Huerta
AMBR	
	483 Midwest Pkwy Sarasota, FL 34232
	041430(4,1) = 34202
	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date of filing	COPTIONAL
refrective data is listed, the data must be specific an	d cannot be more than five business days prior to or 90 days after
ate of filing.)	d cannot be more than five business days prior to be 70 days aree
	applicable statutory filing requirements, this date will not be listed as
– locument's effective date on the Department of State'	
·	
ICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	

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 at the section accordance with section 605.0203 (1) (b), Florida Statutes at the section for a document to the Department of Status constitutes a third degree felony as provided for in s.817.155, F.S.

Lorenzo Huerta

Typed or printed name of signee

Filling Fees:

g Fee for Articles of Organization and Designation of Registered Agent iffed Copy (Optional)

ficate of Status (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)