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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

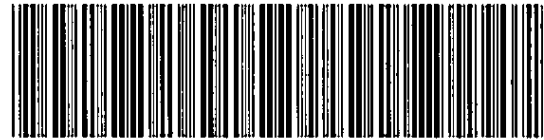
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FALL RIVER, MA

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JUL 15 2019

June 21, 2019

To: Florida Department of State  
Division of Corporations

From: Rafael Rios Garcia  
14003 Cherry Lake Dr.,  
Tampa, FL 33618  
Phone: (859) 537-9315  
Email: rafarg19.86@gmail.com

RE: REGISTRATION OF NEW LIMITED LIABILITY COMPANY (SALFUMAN II, LLC)

Please find enclosed:

- Cover Letter;
- Articles of Organization for Florida Limited Liability Company;
- Check in the amount of \$125.00 made payable to the Florida Department of State.

Do not hesitate in contacting me to the phone number or email listed above. Thank you for your consideration in this matter.

Sincerely,

Rafael Rios Garcia

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Salfuman II, 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:

Rafael Rios Garcia  
Name of Person  
Firm/Company  
14003 Cherry Lake Dr.  
Address  
Tampa, FL 33618  
City/State and Zip Code  
rafarg19.86@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Rios Garcia 859 537-9315  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Salfuman II, 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:

14003 Cherry Lake Dr., Tampa, FL 33618

Mailing Address:

14003 Cherry Lake Dr., Tampa, FL 33618

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:

Rafael Rios Garcia

Name

14003 Cherry Lake Dr.

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL

33618

City

State

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)

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FALCHASSER, F. J. JR.  
FALCHASSER, F. J. JR.

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Rafael Rios Garcia "AMBR"

Yadira Espinosa Perez "AMBR"

(Use attachment if necessary)

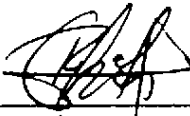
**ARTICLE V:** Effective date, if other than the date of filing: 06/25/2019 (OPTIONAL)

(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.

**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.

Rafael Rios Garcia

Typed or printed name of signer

**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)

19 JUN 27 AM 11:22  
TALLAHASSEE, FL 32304  
CLERK OF THE COURT