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COVER LETTER

SUBJECT	ERIC CASAS ASSOCIATES, LLC
30041.01	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	ERIC CASAS ALVAREZ
	Name of Person
	ERIC CASAS ASSOCIATES, LLC
	Firm/Company
	5 OLIVE DR APT #18
	Address
	HIALEAH, FL 33010
	City/State and Zip Code ericcasas06@hotmail.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	ERIC CASAS ALVAREZ 786 626-2929
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
ERIC CASAS ASSOCIATES, LLC	
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5 OLIVE DR APT #18	5 OLIVE DR APT#18
HIALEAH, FL 33010	HIALEAH, FL 33010
ARTICLE III - Registered Agent, Registered Office, & F The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered age	gistered Agent. You must designate an individual or
The name and the Florida street address of the registered ago	ASAS AI VAREZ

Name

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

am familiar with and accept the obligations of my position as registered ageny as provided for in Chapter 605, F.S.,

FL

5 OLIVE DR APT#18

HIALEAH

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

33010

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	ERIC CASAS ALVAREZ 5 OLIVE DR APT #18 HIALEAH, FL 33010 ERIC CASAS ALVAREZ 5 OLIVE DR APT #18 HIALEAH, FL 33010	SECRETARY TAILOTARY
(Use attachment if necessary)		OF STATE
ARTICLE V: Effective date, if other than the date of filing:	09/10/2019	. (OPTIONAL)
If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the ap the document's effective date on the Department of State's: ARTICLE VI: Other provisions, if any.	pplicable statutory filing requiremen	
REQUIRED SIGNATURE:	off:	
Signature of a member or a	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.

ERIC CASAS ALVAREZ

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)