7/17/2020

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

fax Number : (850)617-6381

From:

Account Name : TAX CARE DORAL Account Number : I20190000008 Phone : (786)845-8854 Fax Number : (321)473-3052

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

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Emprendiendo Con MarÃa Ximena LLC

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

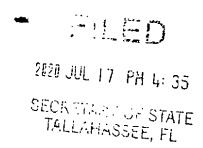
Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

w;

| TO: | New Filing Section Division of Corporations | | |
|------------|---|--------------------|--|
| SUBJEC | Emprendiendo Con María Xim | ena LLC | |
| SUBJEC | | of Limited Liabil | lity Company |
| The encl | losed Articles of Organization and fe | e(s) are submitted | I for filing. |
| Please re | eturn all correspondence concerning | this matter to the | following: |
| | Marco Alfaro | | |
| | | Name of | Person |
| | Tax Care Doral | | |
| | | Firm/Co | отрану |
| | 1400 NW 107TH AVE. STE 43 | 0 | |
| | | Add | ress |
| | SWEETWATER, FL 33172 | | |
| | SUNBIZREG@TAXCAREINC. | City/State ar | nd Zip Code |
| | E-mail address: (to b | e used for future | annual report notification) |
| For furthe | r information concerning this matter | , please call: | |
| | Marco Alfaro | 786 at (| 845-8854 |
| | Name of Person | Area Code | Daytime Telephone Number |
| Enclosed | d is a check for the following amount | t: | |
|]\$125.00 | Filing Fee S130.00 Filing Fe Certificate of Sta | tus LCertif | 00 Filing Fee & S160.00 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

| , activities on the | | | | |
|--|--|------------------|---------------------------------------|-------------|
| ARTICLE I - Name: | ~ . | | | |
| The name of the Limited Liability | Company is: | | | |
| | | | | |
| Emprendiendo con M | | | | |
| (Must conta | in the words "Limited i | Liability Comp | pany, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | | | |
| The mailing address and street ad | dress of the principal o | ffice of the Lir | nited Liability Company is: | |
| <u>Principa</u> | l Office Address: | | Mailing Adda | ress: |
| 15731 SW 53rd Ct | | | 15731 SW 53rd Ct | |
| Miramar, FL 33027 | | | Miramar, FL 33027 | |
| | | | | |
| ARTICLE III - Registered Age | nt. Registered Office. | & Registered | Agent's Signature: | |
| (The Limited Liability Company | | | | dividual or |
| another business entity with an ac | ctive Florida registratio | n.) | · · · · · · · · · · · · · · · · · · · | |
| 971 F.E. 179 . * A | 44 | | | |
| The name and the Florida street a | aaress of the registered | agent are: | | |
| | María Ximena Marti | ncz | | |
| | | Name | | |
| | 15731 SW 53rd Ct | | | |
| | Florida street address (P.O. Box NOT acceptable) | | | |
| | Miramar, | FL | 33027 | |
| | City | State | Zip | |
| | - , | | ' | |
| Having been named as registered a | | | | |
| place designated in this certificate, further agree to comply with the pro | | | | |
| am familiar with and accept the obl | | | | |
| ·J | _ | | | |
| | Ma | ria Kimen | a Martinez | |
| | | | ignature (REQUIRED) | |
| | Registi | eren Agent 8 3 | ignature (KEQOIKED) | |
| | | | | |

(CONTINUED)

| | Title: "AMBR" = Authorized Member | Name and Address: | | | | |
|-------|--|--|--|--|--|--|
| | "MGR" = Manager | María Ximena Martinez 15731 SW 53rd Ct | | | | |
| | MGR | | | | | |
| | | Miramar, FL 33027 | | | | |
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| | | SECK GAY ATSTATE TAIL HABSEL, FU | | | | |
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| | (Use attachment if necessary) | | | | | |
| RTI | CLE V: Effective date, if other than the | date of filing: (OPTIONAL) | | | | |
| fan | effective date is listed, the date must | e specific and cannot be more than five business days prior to or 90 days after | | | | |
| | te of filing.) | | | | | |
| | | not meet the applicable statutory filing requirements, this date will not be listed as | | | | |
| ne do | cument's effective date on the Depart | nent of State's records. | | | | |
| RTI | CLE VI: Other provisions, if any. | | | | | |
| | | ny is to engage in any lawful activity for which a Limited Liability | | | | |
| | any may be organized in the state of I | orida | | | | |
| | | | | | | |
| | | | | | | |

Filing Fees:

Typed or printed name of signee

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

María Ximena Martinez

constitutes a third degree felony as provided for in s.817.155, F.S.

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