# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((11210000656363)))



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To:

Division of Comporations

: (850)617-6381 Fax Number

From:

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 : (954)432-8807 Fax Number

\*\*Enter the email address for this pusiness entity to be used for tuture annual report mailings. Enter only one omail address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. J ARANGO CLEANING LLC

Certificate of Status	0
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Page Count	01
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#### **COVER LETTER**

TO:	New Filing Section Division of Corporations		
CUD ICA	J ARANGO CLEANING LI	.c	
SUBJEC	Nam	oc of Limited Liabi	lity Company
The enel	losed Articles of Organization and	fee(s) are submittee	d for filing.
Please re	eturn all correspondence concernin	g this matter to the	following:
	arango, juan C		
		Name o	f Person
		Firm/C	ompany
	275 FONTAINEBLEAU BLV	'D APT 314	
		Λdd	lress
	MIAMI, FL 33172		
	······································	·	and Zip Code
	JARANGOCLEANING@GMa		annual report notification)
For furthe	er information concerning this man		•
ret iuruk	PEDRO LUZQUINOS	954 at (	655-8413
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amo	unt:	
	0 Filing Fee \$130.00 Filing Curtificate of \$	Fec & \$155 Status Certi	\$160.00 Filing Fee, fried Copy onal copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporation	15	Division of Corporations Clifton Building
	P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle

+1210000656363

Tallahassee, FL 32301

Tallahassee, FL 32314

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liabilit	y Company is:		
J ARANGO CLEAN	ING LLC		
(Must cont	ain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
			FONTAINEBLEAU BLVD APT 31
MIAMI, FL 33172	EAU BLVD APT 314	MIA	MI, FL 33172
MIAMI, FL 33172  (RTICLE III - Registered Ag The Limited Liability Company mother business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio	& Registered Ager Registered Agent.	MI, FL 33172
MIAMI, FL 33172  (RTICLE III - Registered Ag The Limited Liability Company mother business entity with an	ent, Registered Office, y cannot serve as its own active Florida registratio	& Registered Ager Registered Agent. Von.)	MI, FL 33172
MIAMI, FL 33172  RTICLE III - Registered Ag The Limited Liability Company mother business entity with an	ent, Registered Office, annot serve as its own active Florida registration address of the registered	& Registered Ager Registered Agent. Von.)	MI, FL 33172
MIAMI, FL 33172  (RTICLE III - Registered Ag The Limited Liability Company mother business entity with an	ent, Registered Office, annot serve as its own active Florida registration address of the registered	& Registered Ager Registered Agent. Von.) d agent are:	MI, FL 33172  nt's Signature: You must designate an individual or
MIAMI, FL 33172	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered ARANGO, JUAN C	& Registered Agert Registered Agent. Yon.) d agent are: Name	MI, FL 33172  nt's Signature: You must designate an individual or
MIAMI, FL 33172  ARTICLE III - Registered Ag The Limited Liability Company nother business entity with an	ent, Registered Office, y cannot serve as its own active Florida registration address of the registered ARANGO, JUAN C	& Registered Agert Registered Agent. Yon.) d agent are: Name	MI, FL 33172  nt's Signature: You must designate an individual or

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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# 1 >> 850-617-6381 H 2 100 00 63 6 16 -2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" – Manager	
AMBR	ARANGO JUAN C
	275 FONTAINEBLEAU BLVD APT 314
	MIAMI, FL 33172
ANEDD	DELGADO GOMEZ, JULIANA
AMBR	275 FONTAINEBLEAU BLVD APT 314
	MIAMI, FL 33172
	MIRIMI, I E 33172
(Use attachment if necessary)	
FIGLE V: Effective date, if other than the date in effective date is listed, the date must be spelate of filing.)  c: If the date inserted in this block does not indocument's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed
TCLE V: Effective date, if other than the date n effective date is listed, the date must be spenger of filing.)	ecific and cannot be more than five business days prior to or 90 days atta neet the applicable statutory filing requirements, this date will not be listed
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FICLE V: Effective date, if other than the date in effective date is listed, the date must be spellate of filing.)  c: If the date inserted in this block does not indocument's effective date on the Department of TICLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is executed any ware that any false.	ecific and cannot be more than five business days prior to or 90 days attended the applicable statutory filing requirements, this date will not be listed of State's records.
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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)