Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000039458 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPERTAX

Account Number : 120200000010

Phone

: (407)777-7470

Fax Number

: (321)286-9743

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

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## FLORIDA LIMITED LIABILITY CO. LOS PENAS LLC

Certificate of Status	1
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H220000394583

# H220000394583

#### **COVER LETTER**

TO:	New Filing Sec Division of Cor								
SUBJE	LOS PENA	AȘ LLC							
30001		Name of Limited Liability Company							
The end	closed Articles of	Organization and fee(s) are	submitted	for filing.					
Please	return all correspo	ondence concerning this mat	tter to the f	ollowing:					
	ANGEL E.	PENA ROJAS							
	***************************************		Name of	Person					
			Firm/Co	mpany					
	11213 ISLE OF WATERBRIDGE APT 202								
			Addr	255					
	ORLANDO, FL 32837								
		Ci	ity/State an	d Zip Code					
	-	E-mail address: (to be used	for future a	nnual report notificat	ion)				
For furth	er information oc	ncerning this matter, please	call:						
	ANGEL E. I	PENA ROJAS	786	775-7713					
				ea Code Daytime Telephone Number					
Enclos	ed is a check for t	he following amount:			·				
□\$125.00 Filing Fee		■\$130 00 Filing Fm & Certificate of Status	Certifi	5 00 Filing Fee & ed Copy al copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)				
	Maili	ng Address		Street Address					

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303

# H220000394583

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Lishility Company is:	
LOS PENAS LLC	
(Must constin the words "Limited Liability	y 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:	Mailing Address:
11213 ISLE OF WATERBRIDGE APT 202	11213 ISLE OF WATERBRIDGE APT 202
ORLANDO, FL 32837	ORLANDO, FL 32837
ARTICLE III - Registered Agent, Registered Office, & Reg	istered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	ered Agent. 100 must designate an individual of
and the business county when the active of the transfer	
The name and the Florida street address of the registered agent	are:
angel e. pena rojas	·
New	•

11213 ISLE OF WATERBRIDGE APT 202

City

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

FLORIDA 32837 ORLANDO 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)