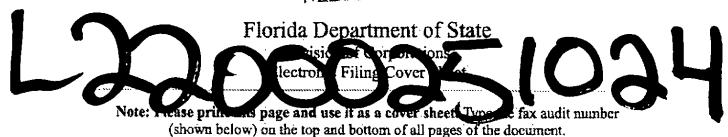
# H220001986123



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## FLORIDA LIMITED LIABILITY CO. A LA LEÑA GIL LLC

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#### **COVER LETTER**

	New Filing Sec Division of Cor							Ť
SUBJEC	A LA LEÑ	A ĢIL LLC						
PODIEY.	1:	Name of Li	mited Liabil	ity Company		<del>-</del>		
The enclo	sed Articles of	Organization and fee(s) a	re submitted	for filing.				
Please ret	um all correspo	ondence concerning this n	atter to the i	following:				
	JESUS ANT	ONIO GIL SALAZAR						
			Name of	Person				
			F:/C-					
			Firm/Co	mpany				
	1190 MUZA	NO ST APT 8-410			.,			
			Addr	<i>1999</i>				
	KISSIMME	:						
		•	City/State as	id Zip Code		DIVIO TA	7022 JUN - 7	
	]	E-mail address: (to be use	d for future :	anaual report notificati	on)	104 108 108 108 108 108 108 108 108 108 108	Z	
For further	information co	ncerning this matter, plea	se call:			ANU/ RANCH OF CO		,
	JESUS A. G	T. SALAZAR	407	765-0139		OR VI	PH	
	Nam		Arca Code	Daytime Telephon	o Number	VIDEO LORIDA LORIDA	PH 11: 34	<u> </u>
Enclosed	is a check for t	he following amount:				-		
	00 Filing Fee	≡\$130.00 Filing Fcc & Certificate of Status	Certifi	i5.00 Filing Fee & ied Copy ial copy is enclosed)	Certificat Certified	O Filing Fee, te of Status & Copy copy is enclose	ď)	
		ng Address		Street Address New Filing Section Di	yision			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# H22COO1986123

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Adamo				
ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
A LA LEÑA GIL L	LC			
(Must con	atin the words "Limited	Liability Company, "l	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited L	iability Company is:	
Princip	al Office Address:		Mailing Ad	dress:
1190 MUZANO ST	APT 8-410	1190	MUZANO ST APT E	3-410
KISSIMMEE, FL 3-	1741	KISSI	MMEE, FL, 34741	****
The name and the Florida street	JESUS ANTONIO C	GIL SALAZAR Name	ceptable)	
	KISSIMMEE	FLORIDA	34741	
	City	State	Zip	
Having been named as registered place designated in this contilicate further agree to comply with the pam familiar with and accept the or	, I hereby accept the app rovisions of all statutes r bligations of my pusition	ointment as registered elating to the proper a	l agent and agree to a ind complete performe provided for in Chap	ct in this capacity. I nnce of my duties, and i
		(CONTINUED)		ZBZZ JUN CABLE FR DIVISION O TALLAHZ

### H220001986123

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MBR	JESUS ANTONIO GIL SALAZAR
	T190 MUZANO ST APT B-410 KISSIMMEE, FL 34741
MDD	JOSE RAFAEL GRANADILLO OSSA
MBR	2965 GRANDEVILLE CIRCLE APT 205
	OVIEDO, FL 32765
***************************************	:
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(Use attachment if necessary)	
(nac enecument it necessar).)	
EV: Effective date, if other than	the date of filing: (OPTIONAL)
fective date is listed, the date mu of filling \	the date of filing:
fective date is listed, the date must of filing.)  If the date inserted in this block diment's effective date on the Dept.  LE VI: Other provisions, if any.  REOLIRED SIGNATURE:  Signature This document Lam aware that	set to specific and cannot be more than two ottainess days prior to 0.200 mest meet the applicable statutory filing requirements, this date will no carment of State's records.  The of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State.
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