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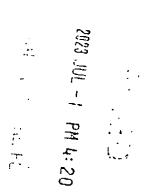
(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
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## COVER LETTER

TO:

	New Filing Section Division of Corporations		
SUBJEC	T: ChinoBuilt LLC		
		imited Liability Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.	
Please re	urn all correspondence concerning this	matter to the following:	
	Joseph Enrique Espinoza		
		Name of Person	
	ChinoBuilt LLC		
	<u> </u>	Firm/Company	
	924 W 42nd PI		
		Address	
	Hialeah, FL 33012		2
	Je082002@gmail.com	City/State and Zip Code	2023 JU
	E-mail address: (to be us	ed for future annual report notification)	- 1
For further	information concerning this matter, ple	ise call:	P.
	Joseph Enrique Espinoza	305 , 898-3997	——————————————————————————————————————
	Name of Person	Area Code Daytime Telephone Num	ber S
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Ce	60.00 Filing Fee, entificate of Status & rtified Copy itional 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 Circl	le

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ChinoBu	itt LLC		
(Must	contain the words "Limited I	Liability Company,	"L.L.C" or "LLC.")	
RTICLE II - Address: he mailing address and stre	eet address of the principal o	ffice of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Ado	lress:
924 W 42nd PI		924	W 42nd PI	
Hialeah, FL 3301	2	Hiale	eah, FL 33012	
he Limited Liability Compother business entity with	Agent, Registered Office, or pany cannot serve as its own an active Florida registration reet address of the registered Joseph Enrique Espin	Registered Agent, n.) agent are:		ndividual or
he Limited Liability Compother business entity with	pany cannot serve as its own an active Florida registratio	Registered Agent, n.) agent are:		ndividual or
he Limited Liability Compother business entity with	pany cannot serve as its own i an active Florida registration reet address of the registered Joseph Enrique Espin 924 W 42nd Pl	Registered Agent. n.) agent are: oza Name	You must designate an in	ndividual or
The Limited Liability Compother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered Joseph Enrique Espin	Registered Agent. n.) agent are: oza Name	You must designate an in	ndividual or
The Limited Liability Compother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Joseph Enrique Espin  924 W 42nd Pl  Florida street address  Hialeah	Registered Agent. n.) agent are: oza Name s (P.O. Box NOT a	You must designate an inceptable)	ndividual or
The Limited Liability Compother business entity with	pany cannot serve as its own an active Florida registration reet address of the registered  Joseph Enrique Espin  924 W 42nd Pl  Florida street address	Registered Agent, n.) agent are: oza Name s (P.O. Box NOT a	You must designate an in	ndividual or

(CONTINUED)

#### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager AMBR		Joseph Enrique Espinoza			
ANADA.	<del></del>	924 W 42nd PI		•	
		Hialeah, FL 33012		-	
<del> </del>	-				
				•	
(Hen attachmo	nt if necessary)				
	•				
		filing:  fic and cannot be more than five business		Λ	
the date of filing.)	-		•	•	
		et the applicable statutory filing requiremen	nts, this date will no	ot be list	ted as
the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.		State's records.		£23	
	ovisions, if any.		÷	<u>=</u>	
	ovisions, if any.		· .		
	ovisions, if any.		· · · · · · · · · · · · · · · · · · ·		
REQUIRED			· · · · · · · · · · · · · · · · · · ·	PH PH	•
REOUIRED :	ovisions, if any.  SIGNATURE:	.52_	:		•
REOUIRED	SIGNATURE:	·5/2-	:	<b>4</b> : 2	·
REOURED	SIGNATURE:  X Signature of a mem This document is executed I am aware that any false in	ber or an authorized representative of a in accordance with section 605.0203 (1) (b formation submitted in a document to the I clony as provided for in s.817.155, F.S.	o), Florida Statutes.	<b>4:20</b>	•
REOUIRED	SIGNATURE:  X  Signature of a mem This document is executed I am aware that any false ir constitutes a third degree fe	in accordance with section 605,0203 (1) (b) formation submitted in a document to the I	o), Florida Statutes.	<b>4:20</b>	

### 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)