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.

(((H230000099543)))



H230000099543ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

•			
lo:			
	Division of Corporations		
	Fax Number : (850)617-6381		
rom:			
	Account Name : EXPERIAX		
	Account Number : I20209900010		
	Phone : (467)777-7470		
	Fax Number : (321)206-9743		
•	*Enter the email address for this busi annual report mallings. Enter onl		
	annual report mailings. Enter onl	one email address please. ••	
	annual report mailings. Enter onl	one email address please. ••	
	annual report mailings. Enter onl	Cone email address please.** LIABILITY CO.	
	annual report mailings. Enter onl Email Address: FLORIDA LIMITED ANTOJOS EL NO	Cone email address please. ** LIABILITY CO. RTENO LLC	
	annual report mailings. Enter onl Email Address: FLORIDA LIMITED ANTOJOS EL NO Certificate of Status	one email address please. ** LIABILITY CO. RTENO LLC	
	annual report mailings. Enter onl Email Address: FLORIDA LIMITED ANTOJOS EL NO Certificate of Status	one email address please. ** LIABILITY CO. RTENO LLC	
	email Address: FLORIDA LIMITED ANTOJOS EL NO Certificate of Status Certified Copy	one email address please. ** LIABILITY CO. RTENO LLC	
	annual report mailings. Enter onl Email Address: FLORIDA LIMITED ANTOJOS EL NO Certificate of Status	LIABILITY CO. RTENO LLC	

Electronic Filing Menu

Corporate Filing Menu

Help



H23000009954 3

COVER LETTER

	w Filing Sect vision of Com				
ENTERNATURATION		EL NORTENO LLC			
Sunara, i	·	Name of Li	mited Liabili	ty Company	
The enclose	ed Articles of (Organization and fee(s) a	re submitted	for filing.	
Please retur	n all correspo	ndence concerning this n	natter to the fo	ollowing:	
	RICARDO C				
			Name of		
			Firm/Co	ınpany	
		ERS ISLE DR			~
			Addre	ess	
	ORLANDO.	FJ., 32837			
	***************************************		City/State an	d Zip Code	·
	L:	i-mail address: (to be use	d for future a	annual report notification	- (ou)
For further i	nformation cor	nceening this matter, plea	se call:		· •.
	RICARDO O	ONZALEZ	508	345-7074	-
	Nam	e of Person	Area Code	Dayume Telephone	e Number
Enclosed is	s a check for ti	ie following account:			
□\$125.00) biling Fea	■\$130,00 Filing Pee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is cuclosed)	US 160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		ug Address iling Section		Street Address New Filing Section Di	

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

H23000009954 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
ANTOJOS EL NORTENO LLC (Must constin the words "Limited L	nability Company,	"U.T. C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited	Liability Company is.
Principal Office Address:		Mailing Address:
3743 HUNTERS ISLE DR ORLANDO, FF. 32837		3 HUNTERS ISLE DR JANDO, FL. 32837
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve us its own another business entity with an active Florida registration	Registered Agent. n.)	nt's Signature: You must designate an individual or
The name and the Florida street address of the registered	agent are:	
RICARDO GONZAL		
	Name	
Florida atrast uddress	: (Р.О. Вох <u>ХО</u> Т)	receptable)
OREANDO	FLORIDA	32837
City	State	32837 Zip
Having been named as registered agent and to accept servi- place designated in this certificate. I hereby accept the upper further agree to comply with the provisions of all statutes re- am familiar with and occept the obligations of my position o	santment as register dating to the prope	red agent and agree to act in this capacity. The rand complete performance of my duties, and f
Ricar	rdo Gonz	alet
		ture (REQUIRED)
	(CONTINUED	ı

H23000009954 3

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	RICARDO GONZALEZ 3743 HUNTURS ISLU DR
	ORLANDO, FL. 32837
\$44.44 \$5.44 \$44.4 \$ 1.44 \$444 \$46 \$4 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40	
E.V: Effective date, if other than the	e date of filing:(OPFIONAL) be specific and cannot be more than five business days prior to or 90 c
ective date is listed, the date must l of filing.) The date inserted in this block does	be specific and cannot be more than five business days prior to ar 90 o not meet the applicable statutory filing requirements, this date will not b
F.V: Effective date, if other than the fective date is listed, the date must lost filing.) I the date inserted in this block does ment's effective date on the Depart	be specific and cannot be more than five business days prior to ar 90 o not meet the applicable statutory filing requirements, this date will not b
F.V: Effective date, if other than the fective date is listed, the date must lof filing.) If the date inserted in this block does ment's effective date on the Department Other provisions, if any.	be specific and cannot be more than five business days prior to ar 90 o not meet the applicable statutory filing requirements, this date will not liment of State's records.
E.V: Effective date, if other than the rective date is listed, the date must lost filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any.	be specific and cannot be more than five business days prior to ar 40 c not meet the applicable statutory filing requirements, this date will not liment of State's records.
E.V: Effective date, if other than the fective date is listed, the date must lost filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any.	be specific and cannot be more than five business days prior to ar 90 o not meet the applicable statutory filing requirements, this date will not liment of State's records.
E.V: Effective date, if other than the fective date is listed, the date must lost filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any.	be specific and cannot be more than five business days prior to ar 40 c not meet the applicable statutory filing requirements, this date will not liment of State's records.
F.V: Effective date, if other than the fective date is listed, the date must lost filing.) The date inserted in this block does ment's effective date on the Department of the	not meet the applicable statutory filing requirements, this date will not liment of State's records.
E.V: Effective date, if other than the fective date is listed, the date must lost filing.) If the date inserted in this block does ment's effective date on the Department's effective date on the Department's EVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
EV: Effective date, if other than the ective date is listed, the date must lost filing.) The date inserted in this block does ment's effective date on the Department's effective date on the D	not meet the applicable statutory filing requirements, this date will not liment of State's records.
E.V: Effective date, if other than the fective date is listed, the date must lost filing.) If the date inserted in this block does ment's effective date on the Department's effective date on	not meet the applicable statutory filing requirements, this date will not be ment of State's records. ICARDO GONTALES To member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes, of false information submitted in a document to the Department of State.