

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

SALVATIERRA ENTERPRISES LLC Certificate of Status Certified Copy

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili	ity Company is:			
SALVATIERRA EN	NTERPRISES LLC			
(Must con	tain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	Liability Company is:	
Princip	Principal Office Address:		Mailing Address:	
5801 SW 83 PLACE	<u> </u>			
MIAML FL 33143		SAM	E	
The name and the Florida street	address of the registered	d agent are:		
The name and the Florida street	address of the registered MARIA EUGENIA	•		
The name and the Florida street	MARIA EUGENIA 6801 SW 83 PLACE	SALVATIERRA Name		
The name and the Florida street	MARIA EUGENIA	SALVATIERRA Name	ceptable)	
The name and the Florida street	MARIA EUGENIA 6801 SW 83 PLACE	SALVATIERRA Name	ceptable)	
The name and the Florida street	MARIA EUGENIA 6801 SW 83 PLACE Florida street addres	SALVATIERRA Name : s (P.O. Box <u>NOT</u> ac	•	
Having been named as registered a place designated in this certificate, further agree to comply with the pr	MARIA EUGENIA 6801 SW 83 PLACE Florida street addres MIAMI City agent and to accept serv I hereby accept the approvisions of all statutes n	SALVATIERRA Name S (P.O. Box NOT ac FL. State ice of process for the ointment as registere elating to the proper as registered agent a	33143 Zip above stated limited liability of dagent and agree to act in this and complete performance of n	rcapacity. I ny duties, and i
The name and the Florida street Having been named as registered a place designated in this certificate, further agree to comply with the pr am jamiliar with and accept the ob	MARIA EUGENIA 6801 SW 83 PLACE Florida street addres MIAMI City agent and to accept serv I hereby accept the approvisions of all statutes religious of my position	SALVATIERRA Name S (P.O. Box NOT ac Ft. State ice of process for the ointment as registere elating to the proper	33143 Zip above stated limited liability of dagent and agree to act in this and complete performance of n s provided for in Chapter 605.	rcapacity. I ny duties, and i

(CONTINUED)

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

F 4 4 5

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)