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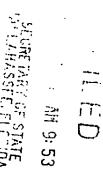
(Requestor's Name)				
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
cupu	LUIS SANCHEZ ASSOCIATES, LLC					
SUBJI	Name of Limited Liability Company					
The en	closed Articles of Organization and fee(s) are submitted for filing.					
	return all correspondence concerning this matter to the following:					
	LUIS EDUARDO SANCHEZ RIVEROL					
	Name of Person					
	LUIS SANCHEZ ASSOCIATES, LLC					
	Firm/Company					
	1509 SW 119 AVE					
	Address					
	MIRAMAR FL 33025					
	City/State and Zip Code					
	luisanchez.ventas@gmail.com  E-mail address: (to be used for future annual report notification)					
For furtl	ner information concerning this matter, please call:					
	LUIS SANCHEZ RIVEROL 786 864-9805					
	Name of Person Area Code Daytime Telephone Number					
Enclos	ed is a check for the following amount:					
	On Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}					
	Mailing Address New Filing Section  Street Address New Filing Section					
	Division of Corporations  New Filing Section  Division of Corporations  Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabi	lity Company is:			
	ASSOCIATES, LLC			
(Must en	d with the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	ffice of the Limi	ited Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
1509 SW 119 AVE		]	1509 SW 119 AVE	
MIRAMAR FL 33		<u></u>	MIRAMAR FL 33025	
The name and the Florida stree	et address of the registered	ANCHEZ RIVE	EROL	
	LUIS EDUARDO SA	Name	ROL	
	1509 SW 119 AVE			
	Florida street address (P.O. Box NOT acceptable)			
	MIRAMAR	FL	33025	
	City	State	Zip	
place designated in this certifica further agree to comply with the	te, I hereby accept the appo provisions of all statutes re obligations of my position	ointment as regi elating to the pro as registered ag	or the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and gent as provided for in Chapter 605, F.S	
		Page 1 of 2	2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager	LUIS EDUARDO SANCHEZ RIVEROL			
AMBR	1509 SW 119 AVE			
	MIRAMAR FL 33025			
MGR				
<del>,                                    </del>				
<del></del>				
(Use attachment if necessary)				
ICLEV: Effective date, if other than the date	e of filing: (OPTIONAL)			
	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a			
	tot State's records.			
e: If the date inserted in this block does not document's effective date on the Department TICLE VI: Other provisions, if any.	t of State's records.			

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

## LUIS EDUARDO SANCHEZ RIVEROL

Typed or printed name of signee

### 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)