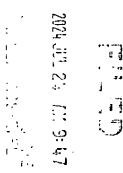
124000325492

(Requestor's Name)
(Address)
(Audiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-,

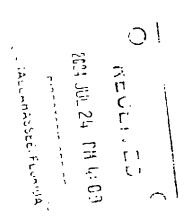
Office Use Only



600433206826



v 12575}-91991-9008 **180.00



COVER LETTER

Di	vision of Corporations		
SUBJECT:			
	Name of Limited Liability Company	_	
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
Please return	n all correspondence concerning this matter to the following:		
	DANIEL DAVILA	, -	3024 JE
•	Name of Person	<u> </u>	<u></u>
		•	
-	Firm/Company	. • 1	::- :
	19400 TURNBERRY WAY # 1022	1 = 1 = 1	स्य स्था
•	Address		_
_	AVENTURA, FL 33180		
_	City/State and Zip Code		_
_	DDAVIL14@GMAIL.COM E-mail address: (to be used for future annual report notification)		
For further int	formation concerning this matter, please call:		
	DANIEL DAVILA 305 458-2372		
_	Name of Person Area Code Daytime Telephone Number	_	
Enclosed is a	a check for the following amount:		
□\$125,00 F	Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.0		s &
	Mailing Address New Filing Section Street Address New Filing Section Division		
	Division of Corporations The Centre of Tallahassee		
	P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303		

194 A	ANIEL DAVILA 400 TURNBERRY WAY #1022 VENTURA, FL 33180
194 A	400 TURNBERRY WAY #1022
A	VENTURA, FL 33180
MGR M	
MGR M	
	MARIA SOBOLEVA
	19400 TURNBERRY WAY # 1022
AV	ENTURA, FL 33180
	<u>`</u>
	
	ન ં છુ
	
HILLE, J	anot be more than five business days prior to or 90 dicable statutory filing requirements, this date will not be
pp.	
ent's effective date on the Department of State's reco	ords.
ent's effective date on the Department of State's reco	ords.
ent's effective date on the Department of State's reco	ords.
ent's effective date on the Department of State's reco	ords.
ent's effective date on the Department of State's reco	ords.
VI: Other provisions, if any.	ords.
ent's effective date on the Department of State's reco	ords.
VI: Other provisions, if any.	ords.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an a	uthorized representative of a member
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an a This document is executed in accordar	uthorized representative of a member.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an a This document is executed in accordar	uthorized representative of a member. nec with section 605.0203 (1) (b). Florida Statutes.

as

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section (Co.)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MARIASOBO	DLEVAII LLC		
(Mı	ist contain the words "Limited Lia	bility Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and	street address of the principal offic	ce of the Limited I.	iability Company is:	
Principal Office Address: 19400 TURNBERRY WAY			Mailing Address: SAME AS PRINCIPAL ADDRESS	
		SAN		
	1022 NTURA, FL 33180	_		
another business entity w	ed Agent, Registered Office, & impany cannot serve as its own Reith an active Florida registration.)	gistered Agent, Yo	s Signature: ou must designate an ind	ividual or
The name and the Florida	street address of the registered ag	ent are:		
	DANIEL DAVILA		_	1 1 7 7
	N	ame		
	19400 TURNBERRY	Y WAY # 1022		
	Florida street address (P	.O. Box NOT acce	eptable)	
	AVENTURA	FL	33180	
	City	State	Zip	
urther agree to comply with	tered agent and to accept service of ificate, I hereby accept the appoint the provisions of all statutes reland the obligations of my position as references. Registered	ment as registered in	agent and agree to act in description of the complete performance or ovided for in Chapter (this capacity