### Florida Department of State

# Division of Comoration

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MRP BY WESTON INC Account Number : 120220000089 Phone : (954)655-8412 Fax Number : (954)655-8412

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Melvasie holmail.com

#### FLORIDA LIMITED LIABILITY CO. BENDICIONES JNY FAMILY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

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#### COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	BENDICIONES INY FAMILY LLC		
	Name of Limited Liability Company		
The enclo	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this matter to the following:		
	PESANTEZ AGUIRRE, YORDY A		
	Name of Person		
Firm/Company			
	1691 SE 7TH LANE		
	Address		
	HOMESTEAD, FL 33033		
	City/State and Zip Code melvasl@hounail.com		
	E-mail address: (to be used for future annual report notification)		
or fu <b>rther</b>	information concerning this matter, please call:		
	MELVA SANCHEZ 954 655-8412		
	Name of Person Area Code Dayrime Telephone Number		
Linclosed	is a check for the following amount:		
\$125.00 f	Filing Fee \$\int_{\text{S130.00}} \text{Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}		

Muiling Address

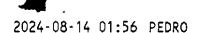
✓

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 Circle
Tallahassee, FL 32301

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BENDICIONES JNY FAMILY	
(Must contain the words "Limited Liabi	lity Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
1691 SE 7TII LANE	1691 SE 7TH LANE
1001 011 111 2111 2	HOMESTEAD, FL 33033
HOMESTEAD, FL 33033	

The name and the Florida street address of the registered agent are:

PESANTEZ AGUIRRE, YORDY A				
	Name			
1691 SE 7TH LANE				
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)		
HOMESTEAD	FL	33033		
City	State	Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorize	d Membar	Name and Address:
"MGR" – Manager AMBR	a ivientoer	PESANTEZ AGUIRRE, YORDY A
	-	1691 SE 7TH LANE HOMESTEAD, FL 33033
AMBR	-	CARRION OCHOA, MARIA E 1691 SE 7TH LANE
		HOMESTEAD, FL 33033
	-	
	_	
(Use attachment if nee	ossarv)	, <del></del>
ARTICLE V: Effective date, if (If an effective date is listed, th the date of filing.)	other than the date of filing: e date must be specific and s block does not meet the a	(OPTIONAL)  I cannot be more than five business days prior to or 90 days after pplicable statutory filing requirements, this date will not be listed as records.
ARTICLE VI: Other provisions	•	
REQUIRED SIGNAT	ΓURE:	

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, P.S.

PESANTEZ AGUIRRE, YORDY A

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)

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