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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

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From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305).599-0839 Fax Number : (305).716-0346 01 SEP 24 PM12: 35

SECRETARY OF STATE VISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

LAZZADAS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 24, 2001

FAS-T CORP. AGENTS, INC.

SUBJECT: LAZZADAS, LLC

REF: W01000022050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Agnes Lunt Document Specialist FAX Aud. #: H01000101740 Letter Number: 701A00053014 SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

LAZZADAS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

7233 N.W. 113 CT. MIAMI, FL 33178

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

FLORIDA CORPORATE REGISTERED AGENTS, INC. 8180 N.W. 36 ST., SUITE 230 MIAMI, FL 33166

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 in Chapter 608, F.S.

EDUARDO GONZALEZ

Registered Agent's Signature

9/2/0/

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one member and is, therefore, a member-managed company.

The names and mailing addresses of the member-managers are as follows:

NASTHECA, LLC 1080 N.W. 58 TERR MIAMI, FL 33178 EDOS, LLC 7233 N.W. 133CT MIAMI, FL 33178

ARTICLE V - Effective Date:

The effective date of the Limited Liability Company is September 21, 2001.

NASTHECA, LLC.

Marianne Benarroch, Member

EDOS, LLC.

Eduardo Alliegro, Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

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