

L05000059229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

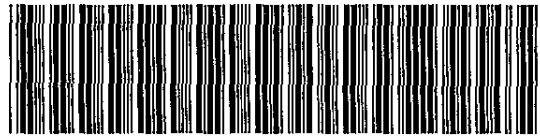
(Business Entity Name)

(Document Number)

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CORPORATIONS
TALLAHASSEE, FLORIDA

W05-26866
J. BRYAN MAY 31 2005

J. BRYAN JUN 15 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EIRANOVA @ EIRANOVA Ltd.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RENO EIRANOVA
(Name of Person)

EIRANOVA @ EIRANOVA Ltd.
(Firm/Company)

9835 SUNSET DR # 108
(Address)

MIAMI,FL 33173
(City/State and Zip Code)

For further information concerning this matter, please call:

RENO EIRANOVA at (305) 785-7366
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 31, 2005

RENO EIRANOVA
EIRANOVA @ EIRANOVA LTD.
9835 SUNSET DR. #108
MIAMI, FL 33173

SUBJECT: EIRANOVA @ EIRANOVA LTD.
Ref. Number: W05000026866

We have received your document for EIRANOVA @ EIRANOVA LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 605A00038642

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

EIRANOVA @ EIRANOVA Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9835 SUNSET DR # 108 MIAMI , FL 33173

9835 SUNSET DR # 108 MIAMI,FL 33173

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

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

RENO EIRANOVA

Name

9835 SUNSET DR # 108

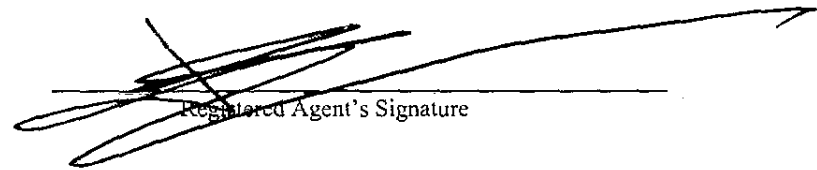
Florida street address (P.O. Box **NOT** acceptable)

MIAMI,FL 33173

FL

City, State, and 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 608, F.S..



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

NAME:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

FLORENCIO EIRANOVA

1444 MUSTY SEA WAY
San Marcos CA 92078

MGRM

RENO EIRANOVA

512 MASOCLA AVE
CORRAL GABLES FLA 33134

MGRM

LEONARDO EIRANOVA

250 MARINA KAYLE RD
APT 98 San Marcos CA 92069

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

FLORENCIO EIRANOVA

Typed or printed name of signer

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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TALLAHASSEE, FLORIDA