

LOT 0000 84088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

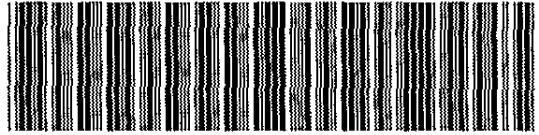
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/16/07--01005--015 **155.50

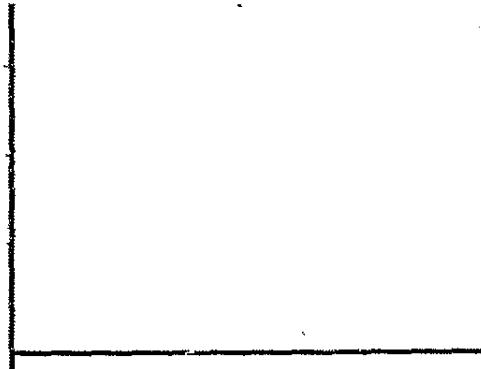
RECEIVED
07 AUG 16 AM 11:06
SITE
REGISTRATION
DIVISION
TALLahassee FLORIDA

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LOT-84088
AL

RECEIVED MAIL
8-12-07

LAZARUS
CORPORATE FILING SERVICE
 3320 SW 87TH AVENUE
 MIAMI, FL 33165
 305-552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. JUANES INTERNATIONAL
(Corporation Name) (Document #)
2. MALE LLC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 2:00
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

OTHER FILINGS

- Annual Report
- Fictitious Name

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JUANES INTERNATIONAL MALE LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

JUAN PALACIO

Mailing Address:

1219 WEST FLAGLER ST.

MIAMI, FL, 33135

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JUAN PALACIO

Name

1219 WEST FLAGLER ST.

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

MIAMI,

FL 33130

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..

Juan Palacios

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DECTIVE MAIL

8-12-07

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR=MANAGER

JUAN PALACIO

1224 SW 10TH AVE

MIAMI, FL. 33135

MGR=MANAGER

JUAN PALACIO

1224 SW 10TH AVE

MIAMI, FL. 33135

MGR=MANAGER

JUAN PALACIO

1224 SW 10TH AVE

MIAMI, FL. 33135

NONE

NONE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/12/2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

JUAN PALACIO-MGR=MANAGER

Typed or printed name of signee

2007 AUG 12 11:55 AM
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STATE OF FLORIDA
SECRETARY OF STATE