

W8 000019532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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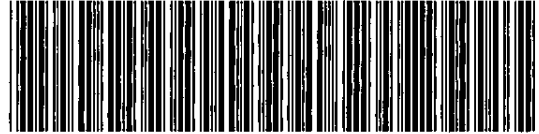
(Business Entity Name)

(Document Number)

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T. CLINE

FEB 26 2008

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MIGAL, LLC  
(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:

RICARDO DE LEO  
(Name of Person)

MIGAL, LLC  
(Firm/Company)

1845 NW 112<sup>TH</sup> AVE., STE 199,  
(Address)

MIAMI, FL. 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO DE LEO at ( 305 ) 431 4544  
(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)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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

ARTICLE I – Name:

**MIGAL, LLC.**

ARTICLE II – Address:

Principal Office Address:  
1845 N.W. 112<sup>th</sup> Avenue  
Unit 199  
Doral, Florida 33172

Mailing Address:  
1845 N.W. 112<sup>th</sup> Avenue  
Unit 199  
Doral, Florida 33172

ARTICLE III – Registered Agent:

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

RICARDO DE LEO  
1845 N.W. 112<sup>th</sup> Avenue, Unit 199, Doral, Florida 33172

*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

ARTICLE IV – Managing Members:

The name and address of each managing Member is as follows:

MGRM	ANNA DEAMBROGIO	1845 NW 112 <sup>th</sup> Av., No. 199, Miami, Fl. 33172
MGRM	ELISABETTA DEAMBROGIO	1845 NW 112 <sup>th</sup> Av., No. 199, Miami, Fl. 33172
MGRM	DANIEL HENRIQUEZ	1845 NW 112 <sup>th</sup> Av., No. 199, Miami, Fl. 33172

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SIGNATURE:



(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.)

RICARDO DE LEO

Name of signee