

L09000032127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

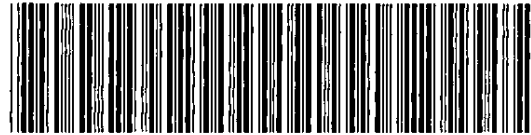
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500148282685

04/02/09--01005--026 **155.00

B. KOHR

APR - 2 2009

EXAMINER

RECEIVED
FILED
09 APR - 2 AM 11: 27
09 APR - 2 PM 2: 15
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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. LLOYDS CONTINENTAL, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
09 APR -2 PM 2:15
TALLAHASSEE, FLORIDA

- ☒ 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:

Lloyds Continental, LLC

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

ARTICLE II – Address:

Principal Office Address:

Mailing Address:

1110 Brickell Ave., Suite 430-K8

1110 Brickell Ave. Suite 430-K8

Miami, FL 33131

Miami, FL 33131

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 with an active Florida registration.)

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

Gabriel Tarrau

Name

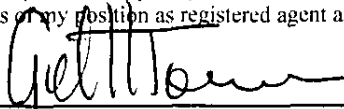
1110 Brickell Ave., Suite 430-K-8

Florida street address (P.O Box NOT acceptable)

Miami, FL 33131

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 Signature (REQUIRED)

FILED
08 APR -2 PM 2:15
TALLAHASSEE, FLORIDA

ARTICLE IV- manager (s) or Managing Members(s):

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

Managing Member

Franco Picco

1110 Brickell Ave. Suite 430-K8

Miami, FL 33131

Managing Member

Gabriel Tarrau

1110 Brickell Ave. Suite 430-K8

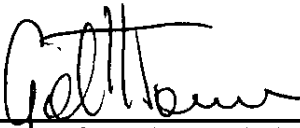
Miami, FL 33131

(Use Attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ OPTIONAL)

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

REQUIRED SIGNATURE:


Signature of a member 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.)

Gabriel Tarrau

Typed or printed name of signed

Filing Fees:

\$ 125.00 Filing for Articles of Organization and Designation
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)