

L10000026759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

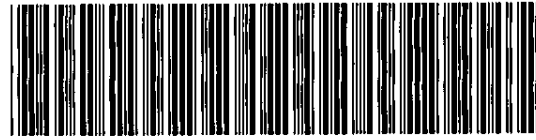
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/10/10--01012--020 #133.75

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 MAR 10 AM 10:55

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR 10 PM 1:35

B. KOHR

MAR 10 2010

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 MAR 10 PM 1:35

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

1. M NOVO INVESTMENTS, LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(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    2  Certificate of Status

### NEW FILINGS

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

### AMENDMENTS

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

### OTHER FILINGS

- Annual Report
- Fictitious Name

### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 1 10 35 AM '11

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

M NOVO INVESTMENTS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

6030 NW 99 AVE UNIT 412  
DORAL, FL 33178

6030 NW 99 AVE UNIT 412  
DORAL

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

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

ERNESTO QUEIROZ

Name

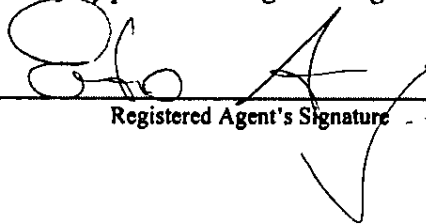
6030 NW 99 AVE UNIT 411

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

DORAL FL 33178

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

ERNESTO QUEIROZ

6030 NW 99 AVE UNIT 412

DORAL, FL 33178

MGRM

RODRIGO CESAR RIBEIRO DE CASTRO

6030 NW 99 AVE UNIT 412

DORAL, FL 33178

\_\_\_\_\_

\_\_\_\_\_

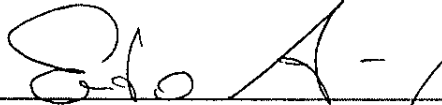
\_\_\_\_\_

\_\_\_\_\_

(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.)

ERNESTO QUEIROZ

\_\_\_\_\_  
Typed or printed name of signee