

L10000077089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

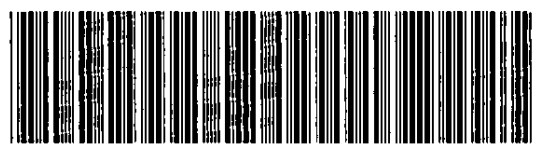
Special Instructions to Filing Officer:

A. LUNT

JUL 22 2010

610A0001 **EXAMINER**

Office Use Only



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07/21/10--01013--020 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
23RD JUL 21 PM 12:45

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CCM&J ITAL IMPORTS, 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:

Lourdes Armengol
Name of Person

Law Office of Lourdes Armengol, P.A.
Firm/Company

7850 NW 146 Street, Suite 424
Address

Miami Lakes, Fl. 33016
City/State and Zip Code

larmengol@armengollaw.com
E-mail address: (to be used for future annual report notification)

2015 JUL 21 PM 12:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Lourdes Armengol at (305) 820-2040
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCM&J Ital Imports, LLC.

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

4101 NW 77 Ave

7850 NW 146 Ave., Suite 424

Miami, Fl. 33166

Miami Lakes, Fl. 33016

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:

Lourdes Armengol, Esq.

Name

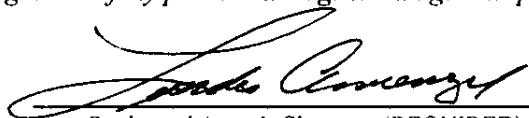
7850 N.W. 146 Street, Suite 424

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

Miami Lakes, FL 33016

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 (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2010 JUL 21 PM 12:45

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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

Carlos Parra

7850 NW 146 St, Suite 424

Miami Lakes, Fl. 33016

MGR

Chady Abou

7850 NW 146 St, Suite 424

Miami Lakes, Fl. 33016

MGR

Carla Gagliardi de Smith

7850 NW 146 St, Suite 424

Miami Lakes, Fl. 33016

MGR

Jorge L. Blanco

7850 NW 146 St, Suite 424

Miami Lakes, Fl. 33016

2019 JUL 21 PM 12:45
TALLAHASSEE FLORIDA
SECRETARY OF STATE

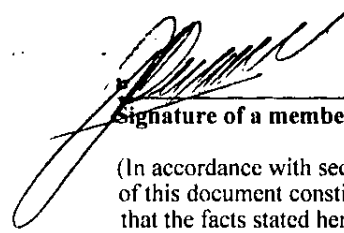
FILED

(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 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.)

Jorge L. Blanco

Typed or printed name of signee

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)