

C12 0000 133 14

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000023488 3)))



H120000234883ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2012 JAN 27 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
NASTRABI FORGED LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

T. CLINE

JAN 30 2012

EXAMINER

RECEIVED
12 JAN 27 PM 3 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 2 0 0 0 0 2 3 4 8 8

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NASTRABI FORGED 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:

509 W 16 ST
HIACLEAH FLA
33010

P.O. box 127816
MIAMI, FL 33012

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:

DAVID MORENO

Name

509 W 16 ST.

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

HIACLEAH FL 33010

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 27 PM 8:31

FILED

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)

Page 1 of 2

H 1 2 0 0 0 0 2 3 4 8 8

H 1 2 0 0 0 0 2 3 4 8 8

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

DAVID MORENO
509 W 16 ST

MGR

Hialeah FL 33010
ANABELLE BOGANTES
509 W 16 ST
Hialeah FL 33010

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David Moreno
Typed or printed name of signer

SECRETARY OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 27 AM 8:31

FILED

H 1 2 0 0 0 0 2 3 4 8 8