

206000010317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

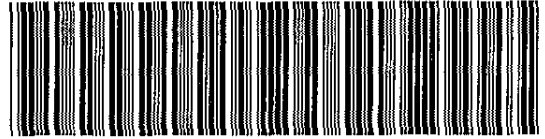
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

BK

Office Use Only



600064273346

01/30/06--01040--009 \*\*155.00

FILED

2006 JAN 30 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 30 AM 10:51  
DIVISION OF CORPORATION

**LAZARUS  
CORPORATE FILING SERVICE**

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

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

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

1. LITTLE LANA, L.L.C.

(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

☐ 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

FILED  
2006 JAN 30 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**OF**

**LITTLE LANAI, L.L.C.**

**ARTICLE I - Name**

The name of the Limited Liability Company is **LITTLE LANAI, L.L.C.**

The mailing address and street address of the principal office of the Limited Liability Company is: **8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144.**

**Duration**

The period of duration for the Limited Liability Company shall be:  
**PERPETUAL**

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **ARON OSTROWIECKI, 8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FLORIDA 33144,**

The undersigned member or authorized representative of a member of : **LITTLE LANAI, L.L.C.,** **disposes and says:**

**FILED**  
2006 JAN 30 PM 3:11:2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0.  
A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
ARON OSTROWIECKI

  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LITTLE LANAI, L.L.C.
2. The name and address of the registered agent and office is: ARON OSTROWIECKI, 8360 West Flagler Street, Suite #200, MIAMI, FLORIDA 33144.

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.

\_\_\_\_\_

  
ARON OSTROWIECKI

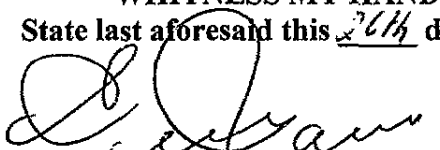
STATE OF FLORIDA )

COUNTY OF DADE )

I HEREBY CERTIFY that on this date, before me, an officer duly authorized in

the State and County aforesaid to take acknowledgments, personally appeared: **ARON OSTROWIECKI, of LITTLE LANAI, L.L.C.**, who is personally known or who did furnish identification, and who acknowledged executing the foregoing Designation and acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WHITNESS MY HAND AND OFFICIAL SEAL IN THE: County and  
State last aforesaid this 26th day of January, 2006

  
NOTARY PUBLIC

Guido Ramos (SEAL)  
PRINT NAME OF NOTARY

