

FROM : LAZARUS
Division of Corporations

FAX NUMBER : (305) 220-1440

DATE : 09/12/2006

P1

LOG000089379

Florida Department of State
Division of Corporations
Public Access System

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.

((H06000223854 3))



H060002238543ABC/

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) 205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 12 PM 4:32

FILED

RECEIVED

06 SEP 12 AM 11:28

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MOON FLOWERS & TROPICALS LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

FROM : LAZARUS
09/08/06 11:41 3057188371

FAX NO. : 3052201440

Sep. 12 2006 09:33AM P2

PAGE 02/03

FROM : LAZARUS

FAX NO. : 3052201440

Sep. 06 2006 09:05AM P1

H06000223854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Moon Flowers & Tropicals LLC

ARTICLE II - Address:

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

10700 NW 66 Street #513
Doral, FL, 33178

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

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

 Dabora Tobal

Name

 10700 NW 66 Street #513

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

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

06 SEP 12 PM 4:32

FILED

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

- Debora Tobal-MGR
- Alex Tobal-MGR
- Alvaro Silva-MER-Gomez -MGR



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.)

H06000223854

 Debora Tobal

Typed or printed name of signer