

W08000019532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

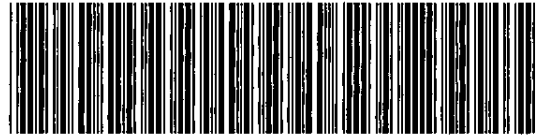
(Business Entity Name)

(Document Number)

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T. CLINE

FEB 26 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIGAL, 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:

RICARDO DE LEO  
(Name of Person)

MIGAL, LLC  
(Firm/Company)

1845 NW 112<sup>TH</sup> AVE., STE 199,  
(Address)

MIAMI, FL. 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

RICARDO DE LEO at (305) 431 4544  
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

**MIGAL, LLC.**

ARTICLE II – Address:

Principal Office Address:

1845 N.W. 112<sup>th</sup> Avenue  
Unit 199  
Doral, Florida 33172

Mailing Address:

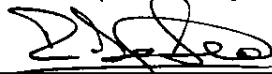
1845 N.W. 112<sup>th</sup> Avenue  
Unit 199  
Doral, Florida 33172

ARTICLE III – Registered Agent:

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

RICARDO DE LEO  
1845 N.W. 112<sup>th</sup> Avenue, Unit 199, Doral, Florida 33172

*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

ARTICLE IV – Managing Members:

The name and address of each managing Member is as follows:

MGRM ANNA DEAMBROGIO 1845 NW 112<sup>th</sup> Av., No. 199, Miami, FL 33172

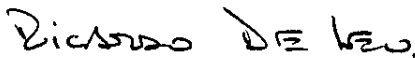
MGRM ELISABETTA DEAMBROGIO 1845 NW 112<sup>th</sup> Av., No. 199, Miami, FL 33172

MGRM DANIEL HENRIQUEZ 1845 NW 112<sup>th</sup> Av., No. 199, Miami, FL 33172

SIGNATURE:



(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.)



Name of signee

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TALLAHASSEE, FLORIDA

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