Florida Department of State

.Division of Corporations Electronic Filing Cover Sheet

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(((H200001167563)))



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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

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

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FLORIDA LIMITED LIABILITY CO. LAN STORE LLC

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA	ALIMITED LIABILITY COMPANY	2040721	Á Í Ý
ARTICLE I - Name: The name of the Limited Liability Company is:			· · · · · · ·
LAN STORE LLC	C		
(Must conatin the words "Limited Liability	Company, L.E.C., or LEC.)		
ARTICLE II - Address: The mailing address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address are street address.	he Limited Liability Company is:		
Principal Office Address:	Mailing Address:	:	
12905 SW 42nd STREET	12905 SW 42nd STREET		
STE 210	STE 210		
MIAMI, FL 33175	MIAMI, FL 33175		
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	tered Agent's Signature: ed Agent. You must designate an individ	dual or	
The name and the Florida street address of the registered agent ar	e:		
EXPRESS CORPORATE FIL	ING SERVICE, INC.		
Name			
12905 SW 42nd STREET ST	년: 210		
Florida street address (P O B	tax NOT acceptable)		

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 605, F.S..

State

City

Rugisterel Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-		21 4H &: 32
The name and address of each person at	thorized to manage and control the Limited Liability Comp	any:
<u>Title:</u> "AMHR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	LANTRONICA LLC 16192 COASTAL HWY LEWES, DE 19958-3608	
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	same nach	
(Use attachment if necessary)		
an effective date is listed, the date must be speate of filing.)	e of filing:	o or 90 days after
ote: 41-the date-inserted in this block does not- e document's effective date on the Department	meet the applicable statutory filing requirements, this date of State's records.	wiii not be fisied as
ARTICLE VI; Other provisions, if any.	h	

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. 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.

GASTON EUGENIO LANUSSE

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)