

# L00000002019

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. LOS CHIBCHAS FARM, 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

00FEB23 PM 2:28  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

00FEB23 AM 11:41  
RECEIVED  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-02/23/00-01057-022  
\*\*\*\*155.00 \*\*\*\*155.00

Examiner's Initials

*ub*  
2/23/00

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

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:  
LOS CHIBCHAS FARM, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
999 BRICKELL AVENUE, STE. 700  
MIAMI, FLORIDA 33131

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:  
JOSE ALFONSO PERDOMO CARRILLO  
999 BRICKELL AVENUE, STE. 700  
MIAMI, FLORIDA 33131

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing members(s) is/are:

X ~~JOSE ALFONSO PERDOMO CARRILLO~~  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE ALFONSO PERDOMO CARRILLO  
Typed or printed name of signer

00 FEB 23 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
APPROVED  
AT  
FEB 23

**ARTICLE V- Admission of additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be determined by a majority of the voting members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be determined by a majority of the voting members.

2. The name and the Florida street address of the registered agent is:

JOSE ALFONSO PERDOMO CARRILLO, 999 BRICKELL AVE., MIAMI, FL.

NAME, Florida street address (P.O. Box NOT ACCEPTABLE)

**Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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.**

X ~~JOSE ALFONSO PERDOMO CARRILLO~~  
SIGNATURE