

L0100000002024

Charter Number Only

2/6/01

Consuelo C. Fernandez

Requestor's Name

9415 Sunset DR. #200

Address

MIAMI FL 33173

City

State

ZIP

Phone

443-2088

VALIDATION ONLY

600003661286--3

-02/08/01--01039--009

****125.00 ****125.00

CORPORATION(S) NAME

SAN BARI, LLC.



Empire Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	LLC	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input checked="" type="checkbox"/> NonProfit		<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other	
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent	
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal	
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up	<input type="checkbox"/> Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

DIVISION OF CORPORATIONS

01 FEB -8 AM 9:00

2801

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is: **SAN BARI, L.L.C.**

ARTICLE II-Address:

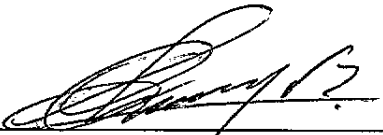
The mailing address and street address of the principal office of the Limited Liability Company is: 16449 Sapphire Place
Weston, FL 33331

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

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

Luis Semprun
9924 Pines Blvd.
Pembroke Pines, FL 33024

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-Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

01 FEB -8 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



Signature of a member or 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.)

LORENZO MATAMALES

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

APPROVED
AND
FILED

01 FEB -8 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA