

# LO100 0005483

OFFICE USE ONLY (Document #)

## LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. FABLEX ENTERPRISES LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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-04/10/01-01017-025  
\*\*\*\*155.00 \*\*\*\*155.00

Walk in  Pick up time 2.0

Certified Copy

Mail out  Will wait

Photocopy

Certificate of Status

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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 10 AM 10:33  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Examiner's Initials

RB  
410-01

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

**ARTICLE 1- NAME:**

The name of the Limited Liability Company is:

**FABLEX ENTERPRISES LLC**

**ARTICLE II – ADDRESS:**

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

**15787 S.W. 77 ST MIAMI, FLORIDA 33193**

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

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


FRANCISCO LUIS VILLA  
15787 S.W. 77 STREET MIAMI, FLORIDA 33193

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**

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

  
\_\_\_\_\_  
Signature of 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 from the facts stated herein are true.

PIEDAD VILLA ROJAS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 10 PM 11:10

APPROVED  
AND  
FILED