

L03000020439

(Requestor's Name)

(Address)

Edelmira Horta
15211 NW 29ct
Opalocka Fla 33054

(Business Entity Name)

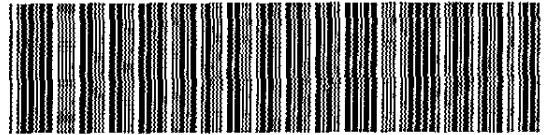
W03-14851

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 23, 2003

EDELMIRA HORTA
15211 NW 29 CT
OPA LOCKA, FL 33054

SUBJECT: AMUSING DAY L.L.C.
Ref. Number: W03000014851

We have received your document for AMUSING DAY L.L.C. and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 903A00032570

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AMUSING DAY L.L.C.

ARTICLE II - Address:

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

15211 NW 29CT Opalocka Florida 33054

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

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

Edelmira Horta

Name

15211 NW 29CT

Florida street address (P.O. Box **NOT** acceptable)

Opalocka FL 33054

City, State, and Zip

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.

Edelmira Horta

Registered Agent's Signature

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

Alberto Jimenez / Alberto Jimenez

Signature of a 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 that the facts stated herein are true.)

Edelmira Horta

Typed or printed name of signer

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)

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