L0300039984

(Re	questor's Name)			
(* 1.5	4 ,			
/6.1				
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
/Du	siness Entity Nam	201		
(Du	Siness Endly Ivan	ie)		
(Document Number)				
Certified Copies	ertified Copies Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



200023478112

10/20/03--01003--008 **155.00

M

RECTIVED

03 OCT 17 PM 3-35

DIVISION OF LORN/CRATICN



OFFICE USE ONLY(DOCUMENT #)		,	
LAZARUS CORPORATE FILING	G SERVICE		± _{6,2} 03
3320 S.W. 87 AVENUE	,		E S T
MIAMI, FLORIDA (305)552-5973			
	· · · · · · · · · · · · · · · · · · ·		卫。至
1		OFFICE USE ONLY	PM #: 4.
CORPORATION NAME(s) & DO	CUMENT NUMI	BER(S) (if known):	
P1T 118		22.1(0) (2.10.11.11.11.11.11.11.11.11.11.11.11.11.	<u>.</u>
- 1. CL/) CCorporation Name)		(Document#)	<u> </u>
2.		·	
(Corporation Name)		(Document #)	
(Corporation Name)		(Document #)	
4. (Corporation Name)		(Document #)	
Walk in Pick up time 2	1.00	Certified Copy	
Walk in Steek up time 22		A certified copy	· ·
Mail out Will wait	Photocopy	Certificate of Status	
		•	
NEW FILINGS	AMENDMI	ents	
Profit	Amendment		
NonProfit	Resignation of R	.A., Officer/Director	
Limited Liability	Change of Registe	ered Agent	
Domestication	Dissolution/Withd	Irawal	
Other	Merger		
3			•
OTHER FUNGS	REGISTRATIO QUALIFICATIO		
Annual Report	Foreign		
Fictitious Name Name Reservation	Limited Partnersl	hip	
Ivanie neservation	Reinstatement		
	Trademark		

Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - NAME:

The name of the Limited Liability Company is:

CLT, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the LLC. is: 7786 W. 34 Court Hialeah, FL 33018

Article III – Registered Agent, Registered Office, & Registered Agent's Signature.

The name and the Florida street address of the agent is: Emma del Castillo 7786 W. 34 Court Hialeah, FL 33018

Having been name 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.

Signature of Resident Agent

Article IV - Management (Check box if applicable.)

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

Liliana Teresa Toledo

Rosana Maritza Muñoz

Emma del Castillo

Article V -

The effective date of this Limited Liability Company is: October 15, 2003

(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.)

Emma del Castillo Name of signee

STATE OF FLOTIDA COUNTY OF DAde

OFFICIAL NOTARY SEAL
MARIA DE PAZ CHESPO

COMMISSION NUMBER
CO986189

MY COMMISSION EXPIRES

DEC. 14,2004

Sworn to for all helions me that be Cashill (Name of Ashill

;

NOTARY SEAL_

or Produces a created on, localification Produced:

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Ref: CLT, LLC

7786 W. 34 Court Hialeah, FL 33018

Dear Sir:

I'm enclosing originals and one copy of the Articles of Organization for a Florida Limited Company, together with a check in the amount of \$155.00, which covers the following:

Filing Fee:	\$1	00.00
Designation of Registered Agent:	\$	25.00
Certified Copy:	\$	30.00
Certificate of Status (Optional)	\$	5.00

Should you need to call someone concerning this matter, please contact: Emma del Castillo, at 305-556-0670.

Sincerely yours,

Emma del Castillo