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SECRETARY OF STA TAI LAHASSEE, FLOR



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## TRANSMITTAL LETTER

FILED

03 DEC 22 AM 10: 10

SUBJECT: PERAZA Importers of Mangalyanas SECRETARY OF STATE
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

TO:

Registration Section

Division of Corporations

Please return all correspondence concerning this matter to the following:

BRUND PERAZA
(Name of Person)
(Firm/Company)
2343 S.W. 31 AUR.
(Address)
MIAME Florida 33148
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUND PERAZA at (305) 725-3472

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLED

03 DEC 22 AM 10: 1

SECRETARY OF STAI TALLAHASSEE, FLOR

ARTICLE 1 - Name: The name of the Limited Liability Company is:	ikchukaa
PERMIA IMPORTERS OF	Hame LLC
ARTICLE II - Address: The mailing address and street address of the principal control of the pri	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2343 610 31 AVR.	2343 S.W. 31 AUR.
MIAMT, F1 33145	Miant, F1 33145
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name and the Florida street address of the registered Of The name Agent Of The name and the Florida street address of the registered Of The name Agent	
Florida street address (P.O. B	NOT accentable)
M. AUS FI. City, State, and	
Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar we registered agent as provided for in Chap	accept the appointment as registered agent and be provisions of all statutes relating to the proper ith and accept the obligations of my position as
Registered Agent's Sig	mature

Page 1 of 2 (CONTINUED)

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	E IV- Manager(s) or Mana and address of each Manage	aging Member(s): er or Managing Member is as follows:	03 DEC 22	AM 10: 1 1
<u>Title:</u> "MGR" = : "MGRM"	Manager = Managing Member	Name and Address:	SECRETAR TALLAHASS	Y OF STATE EE. FLORI <b>D</b>
M6R		BRUDD PERAZA		~
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Miant, Fl. 33145		
	.,			
				Sæ
(Use attacl	nment if necessary)			
		be added if an effective date is reques	ted.	
REQUIRI	ED SIGNATURE:			
	_ DE	272	·· ^	# is .
	Signature of a member or an	authorized representative of a member.		<del>-</del>
	(In accordance with section 60 of this document constitutes at that the facts stated herein are	08.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.)		
	Bauno	PERAZA printed name of signee		
	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)