## L040000 77127

(Requestor's Name)  (Address)	300041779753	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL	1178270417002030 ••,35.00	
(Business Entity Name)  (Document Number)	Ot OCT 22	
Certified Copies Certificates of Status	OLOCT 22 AM II: 39  LEANASSEE FLOWER	
Special Instructions to Filing Officer:		

## TRANSMITTAL LETTER

Department of State	no		
Division of Corporation P. O. Box 6327	October 18, 2004		
Tallahassee, FL 32314			
SUBJECT:	LCF STORE, LLC	_	
	( Articles of Organization)		
<del>-</del>	l and one (1) copy of the articles of Organizat I Agent Fee, and Certificate of Status.	ion and a check for	r: \$ 130.00
	From: Jose N Correa		
	J.C. Accounting & Tax Services		
	2900 Glades Circle Suite 525		
	Weston, FL 33327		
	(954) 217-1207	م معنز ا ا	. <u>0</u> 2
	Daytime Telephone number	<u> </u>	90
	Fax (954) 217-1206	E Co	04 OCT 22
		SE	
		1	
		ĽÓ.	<del>်</del> ယ
Thank You		-	$\widetilde{\mathcal{G}}$

Jose N. Correa

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
LCF STORE, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3899 NW 7TH STREET STE. 203	3899 NW 7TH STREET STE. 203
MIAMI, FL 33126	MIAMI, FL 33126
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re  JOSE N CORREA  Name  2900 GLADES CIR. ST  Florida street address (P.O.  WESTON	Egistered agent are:  SEE 1000 33  EE 525  Box NOT acceptable)  FLORIDA 33327
City, State, an	ad 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, Florida Statutes..

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = 1 "MGRM" =	Name and Address:  Manager  Managing Member
MGR	MAURICIO URDANETA 16508 S.W. 97TH STREET
	MIAMI, FL 33196
MGRM	FRANCHISE INVESTMENT FUND, LLC
	3899 NW 7TH STREET STE. 203 MIAMI, FL 33126
MGRM	PAYARA INTERNATIONAL CORP.
	3899 NW 7TH STREET STE. 203 MIAMI, FL 33126
<del></del>	
(Use attach	ment if necessary)
NOTE: A	additional article must be added if an effective date is requested.
REQUIRE	D SIGNATURE:
	pupu famel 2 8 T.
	Signature of a member of 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.)
	JOSE N CORREA  Typed or 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)