Department of State **Division of Corporations** Public Access System **Electronic Filing Cover Sheet** _____ Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H05000046998 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover **NM 10:** sheet. 5 To: Division of Corporations Fax Number : (850) 205-0383 05 FEB 24 PH 2:07 ISIGN OF CORPORATION From: : EMPIRE CORPORATE KIT COMPANY Account Name Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 NED

LIMITED LIABILITY COMPANY

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

AGUS LLC

ARTICLE I

The name of the Limited Liability Company shall: AGUS LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 18206 COLLINS AVENUE, SUNNY ISLES, FL 33160

ARTICLE IV	SEC	2005	
The name and the Florida street address of the registered agent are: GASTON DUBROVSKY, 18206 COLLINS AVENUE, SUNNY IS	AHAS	FEB 2	
33160	OF STA	AM 10:	
The name of the Manager(s) and Member(s) for this company shall	bei	0	

The name of the Manager(s) and Member(s) for this company shall be: Manager CARMEN DIANA LABOVSKY

. . . .

Member BENITO ALBERTO LABOVSKY

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

AGUS LLC (Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

GASTON DUBROVSK Registered Agent Signal indepert 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.)

> HERNAN GLEIZER. Typed or printed name of signee

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