## LU500034502

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600049778016

04/08/05--01043--025 \*\*155.00

05 APR -8 PH 2:50
SECRETARY OF STATE ALLAHASSEE, FIRMEN

a de la companya de l	·
OFFICE USE ONLY(DOCUMENT#)	
LAZARUS CORPORATE FILING	SERVICE
3320 S.W. 87 AVENUE	OFFICE USE ONLY
MIAMI, FLORIDA (305)552-5973	The state of the s
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	OFFICE USE ONLY
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
1 CASICA THE SF	ECIALTIES, LLC
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3	
(Corporation Name) 4.	(Document #)
(Corporation Name)	(Docut.isnt #)
Walk in Pick up time	Certified Copy.
Mail out   Will wait	7 7 0 45 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit Limited Liability	Resignation of R.A., Officer/Director  Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation ——	Limited Partnership
<u></u>	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:		
CASICA THE SPECIALTIES, LLC		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
15649 SW 88 ST MIANI FL 33196		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
JOSE A. MONTELL		
Name		
8000 NW 31 #4 MIAMI		
Florida street address (P.O. Box NOT acceptable)		
MIAMI FL 33172		
City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated limited		

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..

Registered Agent's Signature

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.

JOSE A. MUNTELL IRENE RIVAS

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

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.)

TOSE A. MONTEL.

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (OPTIONAL)

5 5.00 Certificate of Status (OPTIONAL)