

L05000049257

(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

5/18
Chest



700054260887

05/12/05--01041--021 **125.00

05 MAY 12 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUONO INVESTMENT, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

MANUEL GIL
(Name of Person)

LUONO INVESTMENTS, LLC
(Firm/Company)

2701 SOUTH BAYSHORE DR. SUITE 403
(Address)

COCONUT GROVE, FL 33133
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 12 AM 10:42

FILED

For further information concerning this matter, please call:

MANUEL GIL at (305) 2859838
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LUONO INVESTMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2701 SOUTH BAYSHORE DR. SUITE 403
COCONUT GROVE, FL 33133

Mailing Address:

2701 SOUTH BAYSHORE DR. SUITE 403
COCONUT GROVE, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MANUEL GIL

Name

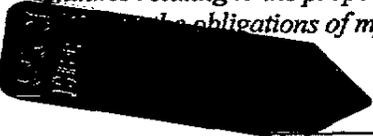
2701 SOUTH BAYSHORE DR. SUITE 403

Florida street address (P.O. Box **NOT** acceptable)

COCONUT GROVE FL 33133

City, State, and 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 understand the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Manuel Gil
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 12 AM 10:42

FILED

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DARIO ECHEVERRY

2701 SOUTH BAYSHORE DR. SUITE 403

COCONUT GROVE, FLORIDA 33133

MGRM

JURGEN JEANROT

2701 SOUTH BAYSHORE DR. SUITE 403

COCONUT GROVE, FLORIDA 33133

MGRM

PATRICK JEANROT

2701 SOUTH BAYSHORE DR. SUITE 403

COCONUT GROVE, FLORIDA 33133

MGRM

MGRM

2701 SOUTH BAYSHORE DR. SUITE 403

COCONUT GROVE, FLORIDA 33133

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



A handwritten signature in cursive script, appearing to read "OLGA CASABIANCA".

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.)

OLGA CASABIANCA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 MAY 12 AM 10:42

FILED

ATTACHMENT ARTICLE IV – MANAGER(S) MANAGING MEMBER(S):

MGRM CARLOS ACOSTA
2701 SOUTH BAYSHORE DR. SUITE 403
COCONUT GROVE, FL 33133

MGRM OSCAR ACOSTA
2701 SOUTH BAYSHORE DR. SUITE 403
COCONUT GROVE, FL 33133

MGRM MANUEL GIL
2701 SOUTH BAYSHORE DR. SUITE 403
COCONUT GROVE, FL 33133

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 12 AM 10:42

FILED