

L05000066369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

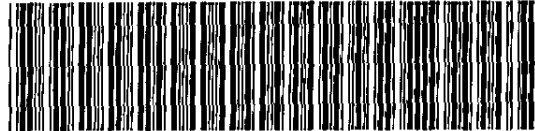
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Handwritten signature*

Office Use Only



700056658917

07/06/05--01007--021    \*\*78.75

07/06/05--01007--022    \*\*76.25

FILED  
05 JUL -6 AM 10:07  
TALLAHASSEE, FLORIDA

FILED  
05 JUL -6 AM 10:56  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

EXPRESS CORPORATE FILING SERVICE INC.  
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101  
Address

CORAL GABLES, FL 33134 (305) 444-4994  
City/State/Zip Phone #

05 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Malnina Group, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in      Pick up time \_\_\_\_\_      Certified Copy  
 Mail out      Will wait      Photocopy      Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

05 JUL - 6 AM 10:56  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MACNINA GROUP, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6460 SW 111 DRIVE  
PINECREST, FL 33156

**Mailing Address:**

6460 SW 111 DRIVE  
PINECREST, FL 33156

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

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

JESUS M. CAMENATE

Name

6460 SW 111 DRIVE

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

PINECREST FL 33156

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 accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

(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 \_\_\_\_\_

JESUS M. CARMENATE  
6460 SW 111 DRIVE  
PINECREST, FL 33156

MGRM \_\_\_\_\_

MARGARITA LEON-CARMENATE  
6460 SW 111 DRIVE  
PINECREST, FL 33156

MGRM \_\_\_\_\_

JESUS A. CARMENATE  
6460 SW 111 DRIVE  
PINECREST, FL 33156

MGRM \_\_\_\_\_

MAGINA LEON  
6460 SW 111 DRIVE  
PINECREST, FL 33156

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

JESUS M. CARMENATE

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)