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DIVISION OF CONFORMICK

05 JUL 29 AH II: 28

(Requestor's Mame) (Address)	400055954634
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL	U//29/0501001029 **12
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	FILED 05 JUL 29 PH 1:09 SECRETARY OF STATE TALL AHASSEE, FLORIDA
Special Instructions to Filing Officer:  Office Use Only	DIVISION OF CHA

## **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

SHIPS WING MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Walk in 1.00 Certified Copy Pick up time Mail out Will wait Certificate of Status ■ Photocopy **NEW FILINGS AMENDMENTS** Profit Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

ARTICLE I - Name:	THE SECOND
The name of the Limited Liability Company	is:
ELEMENTAL DESIGN LLC	A STATE OF THE STA
ARTICLE II - Address:	7
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13290 SW 88TH LN APT A-211	13290 SW 88TH LN APT A-211
MIAMI, FL 33186	MIAMI, FL 33186
With Will, I. E. CO. 100	WIPWII, FL 33 100
	ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register The name and the Florida street address of to PABLO JOSE CHALELA	ered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registe The name and the Florida street address of t PABLO JOSE CHALELA	ered Office, & Registered Agent's Signature: he registered agent are:
ARTICLE III - Registered Agent, Register The name and the Florida street address of to PABLO JOSE CHALELA No. 12173 NW 99 AVENUE - 1	ered Office, & Registered Agent's Signature: he registered agent are:
ARTICLE III - Registered Agent, Register The name and the Florida street address of to PABLO JOSE CHALELA No. 12173 NW 99 AVENUE - 1	ered Office, & Registered Agent's Signature:  the registered agent are:  ame  SUITE#3  et address (P.O. Box NOT acceptable)

(CONTINUED)

Registered Agent's Signature

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.

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	LUIS FELIPE MARQUEZ
(	13290 SW 88TH LN APT A-211
	MIAMI, FL 33186
) · · · · · · · · · · · · · · · · · · ·	
-	
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Ui>	U
Signature of a me	ember or an authorized representative of a member.
of this document of	th section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
LUIS FELIPE M	MAROLIEZ

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)

Typed or printed name of signee