

205000076020

FILED

Florida Department of State
Division of Corporations
Public Access System

2005 AUG -2 A 11: 11

Electronic Filing Cover Sheet

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(((H05000184523 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED

05 AUG -2 PM 3: 13

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Libreria Duende, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

AL

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H05000184523

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: **Libreria Duende, L.L.C.**

2005 AUG -2 A 11: 11

ARTICLE II - Address

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address:

Mailing Address:

11232 NW 58 Terrace

11232 NW 58 Terrace

Doral, FL 33178

Doral, FL 33178

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

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

CORPDIRECT AGENTS, INC.

Name

103 North Meridian Street, Lower Level

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(City / State / 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.

Ed B. Lary

Ed B. Lary
Registered Agent's Signature - Ed B. Lary - Ass't Secretary

H05000184523

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

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

H05000184523
FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 AUG -2 A 11: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Joaquin Arguello- 11232 NW 58 Terrace, Doral, FL 33178

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Joaquin Arguello

Typed or printed name of signee

H05000184523