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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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2005 SEP 28 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
INVERSIONES EXARELA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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OK

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**INVERSIONES EXARELA, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Mailing Address:**

2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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

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

EXARELA FARIDE ROMERO DAVILA

Name

2717 PONCE DE LEON BLVD

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

CORAL GABLES FL 33134

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

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**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:**

<u>MGRM</u>	<u>EXARELA FARIDE ROMERO DAVILA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>HECTOR REINALDO ROMERO DAVILA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGRM</u>	<u>REINALDO ROMERO URBINA</u> <u>2717 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(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.)

Exarela Faride  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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