Florida Department of State

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From:

Account Name : ACCOUNTING & BEYOND

Account Number : I19990000223 Phone : (813) 998-9800

Fax Number : (813)935-9982

LIMITED LIABILITY COMPANY

JUAN EDUARDO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing.

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11/3/2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JUAN EDUARDO, LLC (Muist end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Compan	ed Company" or their abbreviation "LLC," or "C.C.,")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9906 DAVIS ROAD	9906 DAVIS ROAD
TAMPA, FL 33637-5010	TAMPA, FL 33637-5010
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: nered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
JUAN E. TOBAR	
Name	
9906 DAVIS ROAD	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
TAMPA, FL 33637-5010	FL
City, State,	and Zip
II Land to make and an analytical account and to	accent variou of nearess for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page I of 2

Title:	Name and Address:
"MGR" = Manager	<u> </u>
"MGRM" = Managing	Member
MGR	JUAN E. TOBAR
:	9906 DAVIS ROAD
:	TAMPA, FL 33637-5010
3	
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: • •	
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}	<u> </u>
(Use attachment if nece	other than the date of filing: (OPTIONA
LEV: Effective date, if	other than the date of filing: (OPTIONA date must be specific and cannot be more than five business day
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LE V: Effective date, if ffective date is listed, the days after the date of fi REQUIRED SIGNAT Signat (In sec of this that	other than the date of filing: date must be specific and cannot be more than five business day ling.) URE: July Jobas John John John John John John John John

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