



## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: GALLOWAY OFFICE

Account Number: I20030000131

Phone

: (786)390-7072

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## LIMITED LIABILITY COMPANY

SCOPE ADVERTISING & PUBLISHING LI

Certificate of Status	0
Certified Copy	1
Page Count	01
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# 405000257637 3

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

A	RI	ΠC	LE	I -	•	ame:
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The name of the Limited Liability Company is:

the name of the Limited Lizothty Company	12.
SCOPE ADVERTISING & PUBLISHIN	G LLC
(Must end with the words "Limited Liability Company, "Li	mited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
935 SW 87 AVE MIAMI, FLORIDA 33174	935 SW 87 AVE, MIAMI, FL 33174 PM 5
	D 1
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	te registered agent are:
DOMINGO	HERNANDEZ
Nat	me
935 SW	87 AVE
Florida street	address (P.O. Box NOT acceptable)
MIAMI,	FL 33174
City, Stat	te, and Zip

Ilaving 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 1 of 2

EFFECTIVE DATE

ARTICLE IV- Manager(s) or Managing Membe	16	i):
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The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGR	AMAYA LAFUENTE		
	935 SW 87 AVE. MIAMI, FLORIDA 33174		
MGRM	MIGUEL A MENDEZ		
	959-A SW 87 AVE. MIAMI, FL 33174		
MGRM	CARLOS ALFARO 959-A SW 87 AVE. MIAMI, FL 33174		
MGRM	ROSA E. MENDEZ 959-A SW 87 AVE. MIAMI, FL 33174		
(Use attachment if necessary)	. —		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	e date of filing: 11-7-05 (OPTIONAL) ne specific and cannot be more than five business days prior		
<u>required</u> signature:	SECRETARY -9 SECRETARY		
Signature of a memb	er 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.)			
AMAYA LAFUENTE			
T	yped 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)

Page 2 of 2

HO5000257637 3

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ATTACHMENT.

ARTICLES IV. Manager(s) or Managing Member(s):

The name and address of each member is as follows:

Title:

Name and Address:

"MGR"=Manager

"MGRM"=Managing Member

MGRM\_

DOMINGO HERNANDEZ 935 SW 87 AVE. MIAMI, FL 33174

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SECRETARY OF STATE
TAT CAHASSEE, FLORID

Page 3 of 3