## 1060000023220

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dox	cument Number)	
Certifled Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



600066939436

03/02/06--01033--003 \*\*130.00

2006 HAR -2 PH 4: 57

MAR - 6 2006

TO: Registration Section Division of Corporations
SUBJECT: Ada E. Casasus L.L.C
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ada E. Casasus
(Name of Person)
Ada E. Casasus L.L.C
(Firm/Company)
11308 Port Street
(Address)
Cooper City, Fl. 33026
(City/State and Zip Code)
11308 Port Street  (Address)  Cooper City, Fl. 33026  (City/State and Zip Code)  For further information concerning this matter, please call:
Ada E. Casasus at (954 ) 436-3380
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & Certificate of Status \$\sum \$\text{Certified Copy} \ (additional copy is enclosed)\$  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Clifton Building Tallahassee, FL 32314  Zefo1 Executive Center Circle Tallahassee, FL 32301

to the contract of the contrac

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Ada E. Casasus L.L.C	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11308 Port Street	11308 Port Street
Cooper City, Fl. 33026	Cooper City, Fl.33026
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration)	ared Agent Voy must design to an individual aroundher
The name and the Florida street address of the re	egistered agent are:
Supplemental Expertise.(fie	cticious name)Carlos J. Casasus
11308 Port Street	•
Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Cooper City, ~~	FL 33026
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

in the state of the second

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Ada E. Casasus
	11308 Port Street
	Cooper City, Fl.33026
•	
-	ALLEHASSEE FLORIG
	<del></del>
	F.
	0,
(Use attachment if necessary)	ome and Star
•	4. 1 CCI
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL to be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus	
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)	
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a medical content of the signature of the date.	t be specific and cannot be more than five business days  Listen
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a med (In accordance with of this document co	t be specific and cannot be more than five business days
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a med (In accordance with of this document co	mber or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other than ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a med (In accordance with of this document co	mber or an authorized representative of a member.  n section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)
LE V: Effective date, if other than fective date is listed, the date mus days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a med (In accordance with of this document co	mber or an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)  E. Casass

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)