

Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

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.

(((H060000736013)))

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

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146
Phone: (305)444-4994
Fax Number: (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MIA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

SECHETANA ALLAHASSIER 6 KMR 20 AM 10: 18

APPROVED THE

https://efile.sunbiz.org/scripts/efilcovr.exe

03/20/2006

ECER

Mar 19 2006 23:55

(((H06000073601)))

ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
MIA LLC	
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	•
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
PO BOX 347996	PO BOX 347996
MIAMI FL 33234	MIAMI FL 33234
the Immited Liability Company carmot serve as in business eatity with an active Florida registration. The name and the Florida street address	
	<u> </u>
MIGU	JEL A. ESPEJO Name
ar a-	
	5TH ST #2511
	a street address (P.O. Box <u>NOT</u> acceptable)
	MIAMI FL 33131
C	ity, State, and Zip
liability company at the place design	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is 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.

(CONTINUED)
Page 1 of 2

(((H06000073601)))

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
- ·	MOUTE A BORTO
MGRM	MIGUEL A. ESPEJO
	PO BOX 347996
	MIAMI FL 33234
MGR	OSCAR ROJAS
	201 RACQUET CLUB RD # 5518
	WESTON FL 33326
	
(Use attachment if necessary)	
T.E.V: Effective date, if other than th	e date of filing: COPTIONAL
ffective date is listed, the date must l	
ffective date is listed, the date must be days after the date of fling.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day:
ffective date is listed, the date must be days after the date of fling.) REQUIRED SIGNATURE:	
ffective date is listed, the date must in days after the date of filing.) REQUIRED SIGNATURE: Signature of a most of this document const	ther or an approximate expresentative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a more (in accordance with secondance)	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penaltics of perjury

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

Bases aggs et asm