

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only





April 3, 2006

EDGARDO LI ESPINO 6205 MAYBELLE AVE PENSACOLA, FL 32504

SUBJECT: LI'S ENTERPRISES, LLC

Ref. Number: W06000015724

We have received your document for LI'S ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the article was missing from your document.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00022271

TRANSMITTAL LETTER

| Division of Corporations | |
|---|----------|
| SUBJECT: LI'S ENTERPRISES, LLC | |
| (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: | |
| | |
| EDGARDO LI ESPINO | |
| (Name of Person) | |
| | |
| LI'S ENTERPRISES, LLC | |
| (Firm/Company) | |
| | |
| 6205 MAYBELLE AVE | |
| (Address) | |
| PENSACOLA FL 32504 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | • |
| EDGARDO LI ESPINO at (850) 478 - 4256 (Name of Person) (Area Code & Daytime Telephone Number) | |
| (Name of Person) (Area Code & Daytime Telephone Number) | - |

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICL | EI. | - Name: |
|--------|-----|---------|
|--------|-----|---------|

The name of the Limited Liability Company is:

Li's Enterprise LLC

(Must end with the words "Limited Liability Company, "Limited 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: |
|---------------------------|----------------------|
| 5205 Maybelle Drive | 6205 May bolle Drive |
| Pensade, FL 32504 | Pansacole, FL 32504 |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Edgardo E. Li Espino
6205 Maybelle Dnive

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

Pansacola FL 3254

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 (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Name and Address: |
|---------------------|
| EDGARDO LI ESPINO |
| 6205 MAYBELLE AVE |
| PENSACOLA FL 32504 |
| ZOILA VERGARAY PALO |
| 6205 MAYBELLE AVE |
| PENSACOLA FL 32504 |
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(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.)

EDGARDO LI ESPINO

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)