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(Requestor's Name)					
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Acost	A Hoechand (Name of Limited	Liability Company)					
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
MARIA	A. Acosta	lame of Person)					
Acosta	Merchandisin	Tm/Company)					
1385 N	w. 30 street	(Address)					
Miami, F	<u> て 33142</u> (City/	State and Zip Code)					
For further information co	ncerning this matter, please o	call:					
Maria A. A. (Name of	(CO 5/12) (Person)	at (305) '776 - '(Area Code & Daytime Te	1876 Elephone Number)				
Enclosed is a check for	the following amount:						
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns				



'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Acosta Meechandising (Must end with the words "Limited Liability Company, "United	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:
1385 Nw 30 STREET Higni, IL 33142	1385 N.W. 30 Steet Miami, FL 33142
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
MARIA A. ACT	F ? 2 10
1385 N.w. 30 Florida street addi	STREET Pess (P.O. Box NOT acceptable) FIGURE 10 10 10 10 10 10 10 10 10 10 10 10 10
Miani, City, State, ar	FL 33142 nd 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

The name and address of each Ma	nager or Managing Member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGIR	HARIA A. Acosta 1385 N.W. 30 STREET Hidnig LL 33142	,		
MGR	giealdo Acosta 1385 N.W. 30 stre	<u>.</u>		
				
(Use attachment if necessary)				
CLE V: Effective date, if other than effective date is listed, the date mus 90 days after the date of filing.)	the date of filing: \(\J\\q\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	OPTION	NAL) lays p	orior
REQUIRED SIGNATURE:		SECKE 1 A	- NUL 30	<u> </u>
Naria L Signature of a mer	S. Lcostc mber or an authorized representative of a member.	KY OF S SSEE, FL	-7 PH 2:	ILED
of this document co	h section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)	ORIDA	2: 56	
Maeia a	1. Arosta			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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

Typed or printed name of signee