

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.

(((H06000230765 3)))



H060002307653ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Livision of Corporations

Fax Nurber : (850)205-0383

	From	Account, Name Account, Number Phone	: FAS-T CORP. AGENTS, :: 071001002335 : (305)599-0839 : (305)716-0346	INC.	The state of the s
*O**	₹.	many many control many		 Eg	
19 PH 2: 46	CORPETATION	ORIDA/FO	DA/FOREIGN LIMITED LIABILITY ( PERFUMES 2 U, LLC		
U6 SEP 19 UNISION OF	() () ()	Certific	cate of Status	0	
95	2		ed Copy	1	
5	5	Page C		02	
		Estimat	ted Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scrip.ts/efilcovr.exc

J. BRYAN SEP 2.0 2006.

9/19/2006

	RGANIZATION	FOR FLORIDA	LIMITED LIABI	TILL COM
ARTICLE I - Na The name of the l	n <b>ne:</b> Limited Liability Con	npany is:		rui coñ
PERFUMES 2	), LLC			
ARTICLE II - A The mailing addre	.ddress: ::ss and street address	of the principal o	ffice of the Limited I	iability Com
Principal Office	Address:	Mailin	e Address:	And the second s
13210 SW 12			SAME	
MIAMI, FL	33184			
	13210 SW	Name 12 ST	=_	
	13210 SW :	12 ST	=_	
	Florida		Box NOT acceptable)	
	Florida MIAMI, FLO	street address (P.O.)	Box NOT acceptable) 84	
	MIAMI, FLO	street address (P.O.)		Angelin and in the state of the
liability compa registered agent a statutes relating	Citation of the proper and continued as registered agent by at the place design and agree to act in this to the proper and continued in the pr	street address (P.O.) ORIDA 331 by, State, and Zip t and to accept servated in this certific capacity. I furthe appearance rastrefistered age	84  vice of process for the  vate, I hereby accept to  r agree to comply with  t of my duties, and I a	he appointmen I the provision In familiar wit

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	06 SES
MGRM	ROBERTO P. PRIETO	52
	13210 SW 12 ST	
	MIAMI, FL 33184	ى
MGRM	ZOILA PALENCIA	,
	13210 SW 12 ST	
	MIAMI, FL 33184	
		<del> </del>
		₩
(Use attachment if necessary)		
NOTE: An additional article must b	e added if an effective date is requested	
REQUIRED SIGNATURE:		Annual Transport (Charles of the Charles of the Cha
Signature of a member	or an authorized representative of a member.	
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	
ROBERTO	P. PRIETO	
	d or printed name of signce	

H06000230765 3