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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-59	73	Office Use Only of known):
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (i	f known):
1.LO NUESTRO LLC		ORDE TO THE TOTAL OR THE TOTAL
(Corporation Name)	(Document #)	.,
2. (Corporation Name)	(Document #)	·
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time 2 Mail out Will wait	Photocopy	Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of I Change of Regi Dissolution/Wit Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/ Foreign Limited Partner Reinstatement Trademark Other	QUALIFICATION ship
		Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
7821 SW 127 D1. 7821 SW 127 Dr.
Mami Fl. 33183 Mami, Fl. 33183
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: Dolores S. Torre Name 7821 SW 127 Drive Florida street address (P.O. Box NOT acceptable) Mianum FL 33183
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 duffes, 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 stignature REQUIRED)

(CONTINUED)
Page 1 of 2

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MG-R	Dolores S. Torre 1821 SW 127 Dr. Miamin, H. 33183
(Use attachment if necessary)	
CLE V: Effective date, if other than the ffective date is listed, the date must lost days after the date of filing.)	be specific and cannot be more than five business days
- many o see one of the party of the transfer	\sim
REQUIRED SIGNATURE:	per on an authorized representative of a member.
REQUIRED SIGNATURE: Signature of memb	her on an authorized representative of a member. section 608, 408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.)

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)