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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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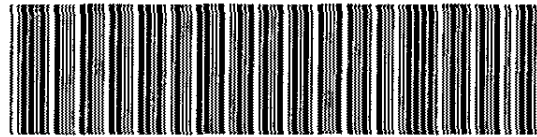
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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J. BRYAN

OCT - 6 2006

COVER LETTER

To: Registration Section
FL Dep't of State, Division of Corporations

Subject: Annette Lizardo, L.L.C.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Annette M. Lizardo, Esq.
9825 N.E. 2nd Avenue
P.O. Box 530705
Miami, FL 33153

For further information concerning this matter, please call:

Annette Lizardo at 305-546-8163 or 305-751-0832.

Enclosed is a check in the amount of One hundred and thirty (\$130.00) dollars for the filing fee and a Certificate of Status.

Thank you.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ANNETTE LIZARDO, L.L.C.

(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:

432 NE 89th St.
Miami FL 33138

Mailing Address:

9825 NE 2nd Ave.
P.O. Box 530705
Miami FL 33153

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:

Annette M. LizarDO, Esq.
Name

432 NE 89th St.
Florida street address (P.O. Box NOT acceptable)

Miami FL 33138
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)

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

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

Title:

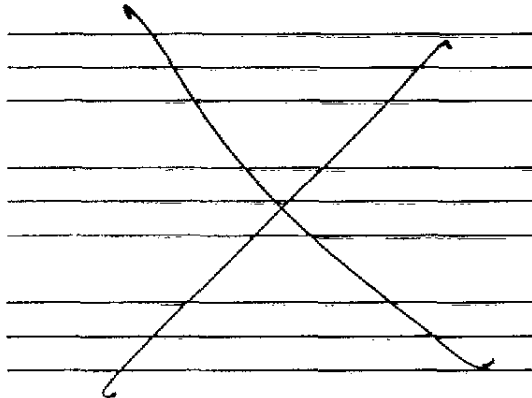
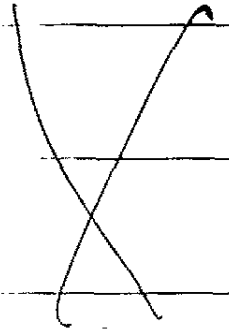
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager (MGR)

Annette Lizardo Esq.
432 NE 89th St.
Miami FL 33138



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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Annette M. Lizardo

Typed or printed name of signee

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)