L06000101526

(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:		

Office Use Only



300080439003

10/18/06--01022--008 **155.00

URL TAKY OF STATE THAT HAVE HAVE BEEN LEDGE ACKNOWLEDGE LAHASSEE, FLORIGOFFICIENCY OF FILE

CT 18 PM 2: 08006 OCT 18 AM H: C

DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

OF OCT 18 PH 2:08

•	Office Use Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if know	wn):	
1.2006-02 NORTH	POPTLLC		
(Corporation Name)	(Document #)		
2.	Mary Congression		
(Corporation Name)	(Document #)		
3.	,		
(Corporation Name)	(Document #)		
4		•••	
(Corporation Name)	(Document #)	· · · ·	
Walk in Pick up time	2.06	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Change of Registered Dissolution/Withdray Merger	l Agent	
OTHER FILINGS	REGISTRATION/QUA	LIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other		
		Evaminar's Initials	

PROBLEM SERVICE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:

The name of the Limited Liability Company is:

2006-02 Noeth Toet L.LC
(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:

 2201NW 102nd R #3
 2201NW 102nd Pc #3

 HIAHI F. 33172
 HIAHI F. 33172

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:

Maria Econo Lavacasco
Name

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

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M.GP	DELANDO PADRON 2201 N.W 1020d P. #3 MIANI FL. 33172
	
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	UPQ)
Signature of a memb	per or an authorized representative of a member.
(In accordance with s of this document con- that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
Oe	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)