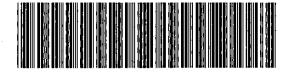
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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ledif & Melissa Seasond LLC. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIRIAM M. LARA (Name of Person)
(value of resort)
Ledis + Melissa Sensood LLC (Firm/Company)
2295 SW 64 Th AVE.
(Address)
MIAMI, FL 33/55 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MIRIAM M. LAICA. at (786) 275-8/25 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Secretificate of Status Status 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A1	RТ	TT(	$\mathbf{CI}$	LE.	Ī.	. N	lam	e:
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The name of the Limited Liability Company is:

Ledis 4 Melissa Seafood 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:	Malling Address:
2295 SN 64 AVE	2295 SW 64 th AVE
Miam: FL 33/58	MIAMI, FL 33155
(7	

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:

MIRIAM M	LARA
Name	
2295 SW	64 AVE
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
Miami F	L 33/55
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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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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	Name and Address:
"MGRM" = Managing Member	
MCR	MIRIAN LAKA 2295 SW GY AVE
	MIAM: F1 33155
MGRM	Liuris GONZAlez.
	17831 SW 112 AVC.
	MIAMI, F/ 33157
MGRM	Roberto Perez
	2295 SW 64 AVE MIAMI, FL 33155
MCRM	Fidel Converter
	17831 SW 112 AVE MIAMI FL 33157
	,
(Use attachment if necessary)	
CLE V: Effective date, if other than the date	ate of filing: /0//6/06 .(OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing:  $\frac{101/6}{6}$  (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.)

MIRIAM M LAIA
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)