

**L07000011543**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**FLORIDA/FOREIGN LIMITED LIABILITY CO.****MI BELLA CUBA-NICA, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
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Electronic Filing Menu

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Help

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**MI BELLA CUBA-NICA, LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

11364 QUAIL ROOST DRIVE  
MIAMI, FL 33157

**Mailing Address:**

11364 QUAIL ROOST DRIVE  
MIAMI, FL 33157

**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 N MANFUT**

\_\_\_\_\_  
Name

11364 QUAIL ROOST DRIVE

\_\_\_\_\_  
Florida street address (P.O.Box **NOT** acceptable)

MIAMI, FL 33157

\_\_\_\_\_  
City, State and Zip

Having been named as registered agent and to accept service of process for the above stated 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)

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Page 1 of 2

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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:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGRM

MARIA N. MANFUT  
11361 SW 155<sup>TH</sup> ST  
MIAMI, FL 33157

MGRM

ANA MARIA ZURITA  
11735 SW 117 TERR  
MIAMI, FL 33186

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ARTICLE V: Effective date of filing is : 01/31/2007)  
(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.)

ANA MARIA ZURITA

\_\_\_\_\_  
Typed or printed name of signee