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SECRETARY OF STATE

COVER LETTER

| | TO: Registration Section Division of Corporations | |
|---|--|-----|
| | SUBJECT: FRAGA GROUP LIMITED CO | |
| • | (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: | |
| | Francisco Gonzalez | |
| | (Name of Person) | - |
| | FRAGA GROUP LIMITED CO | |
| | (Firm/Company) | _ |
| | 20130 SW 114 Ave | - T |
| | (Address) SET 27 | 1 |
| | M FI 00400 | |
| | Miami FL, 33189 (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) | 6 |
| | For further information concerning this matter, please call: | |
| | Francisco Gonzalez 786 222-3615 | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | |
| | Enclosed is a check for the following amount: | |
| | \$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Status} \ \text{Certified Copy} \ (additional copy is enclosed) \ \text{Certified Copy} \ (additional copy is enclosed) | |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| FRAGA GROUP LIMITED CO | | |
|--|---|---|
| (Must end with the words "Limited Liability Company, "L | imited Company" or their abbreviation " | LLC," or "L.C.,") |
| ARTICLE II - Address: | | |
| The mailing address and street address of th | e principal office of the Limite | d Liability Company is |
| Principal Office Address: | Mailing Address: | |
| 20130 SW 114 Ave | 20130 SW 114 Ave | |
| Miami FL, 33189 | Miami FL, 33189 | 7 A |
| | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Age (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | | ent's Signature: Findividual or another FLORIDA |
| Francisco Gonzalez | | E SH |
| Na | ame | |
| 20130 SW 114 Ave | | |
| Florida street | t address (P.O. Box NOT acceptable) |) |
| Miami FL, 33189 | FL | |
| City, Sta | ate, 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: | |
|--|---|----------------------------|
| MGR | Francisco Gonzalez 20130 SW 114 Ave | |
| | Miami FL, 33189 | |
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| (Use attachment if necessary) | IALL, | ZOJ) SEC |
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| an effective date is listed, the date must be | date of filing: 2/26/2007 e specific and cannot be more than five: | OPTIONAL) business days pr |
| an effective date is listed, the date must be | date of filing: 2/26/2007 e specific and cannot be more than five: FLORIDA ASTATE | OPFIONAL) business days pr |
| an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE: | date of filing: 2/26/2007 e specific and cannot be more than five: FLORIDA A STATE | OPTONAL) business days pr |
| an effective date is listed, the date must be or 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE: | e specific and cannot be more than five FORTER FLORIDA | business days pr |
| an effective date is listed, the date must be or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membe | er or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjur | business days pr |
| Signature of a member (In accordance with second this document constituted that the facts stated here). | er or an authorized representative of a memberation 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjur | 7 P12: 34 |

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)