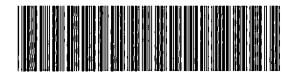
## L07000030451

(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



600094187446



03/21/07--01022--036

## **LAZARUS** CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

OTHROLD STORY Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

				S. S. Alexander	the Alexander	
ETICLES OF OF	RGANIZATION F	OR FLOR	IDA LIMITED	LIABILITY C	OMPANY	
ARTICLE I - Nan The name of the Lin	ne: mited Liability Com	pany is:		·	PICE S	
	Luciano	-Bar	akat		332	
Aust and with the words	erior Design	è De	constion	intion "LLC," or "L.C.,		
ARTICLE II - Ad	dress:				<b>.</b>	
The mailing addres	s and street address	of the princ	ipal office of the L	imited Liability	Company is	
Principal Office Address:		<u>N</u>	<u> Iailing Address:</u>			
2200 su Miami, F	129 Ave		P.O. Boy Miami, Fl	83526; 33283	<u> </u>	
The Limited Liability Co business entity with an	egistered Agent, Ro ompany cannot serve as its active Florida registration.] Florida street addres	own Registered	Agent. You must design	d Agent's Signal nate an individual or at	<b>ture:</b> nother	
	Lucy 1	ilician	n-Barako	d ·		
	12396	Quail	o-Barako Poost Dni	re		
	Florid	a street addres	s (P.O. Box NOT acce	 eptable)		
	Miami,	ity, State, and	233177			
Having been nam	ed as registered agei	nt and to acc	ept service of proce	ess for the above s	stated limite	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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.

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Cortified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

. ...