## L07000357//

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name)	
(Docu	ıment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
		AL
	Office Use Only	



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WI APR -3 P 2: 02 ECRETARY OF STATE LLAHASSFF FI OBJE.

FILED

## **COVER LETTER**

TO:	Registration So Division of Co				
SUBJE	CCT:	JORGE JOG (Name of Limited	fa LLC Liability Company)		
The end	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
Please 1	return all corresp	ondence concerning this matte	r to the following:		
		Jorge.	JOYA Name of Person)		_
		Jorge	Joya LLC Firm Company)	TASE 78	
		232 SW	30 AVR	III APR BECRETA LLAHAS	Π
		MIAMI	(Address) F/ 33134	-3 P SSEE, FL	
-		(City,	/State and Zip Code)	2: 02 DRIDA	_
For furt	ther information	concerning this matter, please	call:		
7	orge (Name	OYA of Person)	at ( 3 05 ) 542- (Area Code & Daytime To	- 8727 elephone Number)	
Enclos	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Mability Company, Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
232 SW 30 AUL MIAMI, FL 33135	232 SW 30 AW. MIAMI, FL 33135
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.  To rge To Name  2325005  Florida street address  To rge To Name  City, State, and	gistered agent are:  OHARY  OF START  ORDER  SSE (P.O. Box NOT acceptable)  FL 33/35
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and sered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

## 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	Dalsy Joya 232 Sw 20 Aul MAMI, FL 33/35
	ZOOT APR -3 SECRETARY TALLAHASSE
	OF STATE EE. FLORIDA
(Use attachment if necessary)	
ARTICLE V: Effective date, if other the If an effective date is listed, the date in our 90 days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNAPURE:	member of an authorized representative of a member.
(In accordance of this documer that the facts	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury 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 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)