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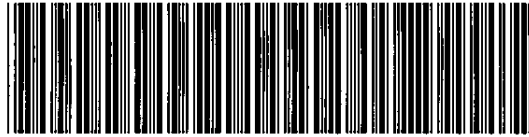
(Business Entity Name)

(Document Number)

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07 MAY - 7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LAZARUS
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. BEST PACKING LLC

(Corporation Name)

(Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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2:00

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☐ Will wait

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☐ Certificate of Status

NEW FILINGS

☐ Profit

☒ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

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

ARTICLE I-NAME

The name of the Limited Liability Company is:

BEST PACKING LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

5900 NW 99TH AVENUE #7
DORAL FLA 33178

MAILING ADDRESS:

5900 NW 99TH AVENUE #7
DORAL FLA 33178

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

GLADYS AVILA
(NAME)

5900 NW 99TH AVENUE #7
FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

DORAL FLA 33178
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

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TALLAHASSEE, FLORIDA

ARTICLE IV -MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= GLADYS AVILA, 5900 NW 99TH AVENUE #7 DORAL FLA 33178

MGR= EMILIO AVILA, 5900 NW 99TH AVENUE #7 DORAL FLA 33178

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

GLADYS AVILA

Typed or printed name of signed