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TAIL LAHASSEE, FLORIDATE



COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Trois Danseurs (Name of Limited Liability Company)							
The enclosed	Articles of	Organization and fee(s) are s	ubmitte	d for filing	g.		
Please return	all correspo	ondence concerning this matte	er to the	following	;;		
Mar	ia Carb	onell					
		(1	Name of	Person)			
			(F) (G				
		((Firm/Co	mpany)			
200	Leslie	Drive, Apt. 323					
			(Addr	ess)			
Hall	andale	Beach, FL 33009	 .				
		(City,	/State and	d Zip Code	:)		
For further in	formation o	concerning this matter, please	call:				
Maria Carbonell at (786) 301-2627							
	(Name	of Person)		(Area Cod	e & Daytime T	elephone Number)	
Enclosed is	a check fo	r the following amount:					
□ \$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Copy	iling Fee & y 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		Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ecutive Center see, FL 32301	ns · Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company	is:				
Trois Danseurs, LLC (Must end with the words "Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
200 Leslie Drive, Apt. 323	200 Leslie Drive, Apt. 323				
Hailandale Beach, FL 33009-7311	Hallandale Beach, FL 33009-7311				
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Timothy Ashby, Esq. National National Prickell Bay Drive,	SECKLAHASSEE FILE				
	address (P.O. Box NOT acceptable)				
Miami,	FL 33131				
	le, and Zip				
liability company at the place designated in registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S				

(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:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
Maria Carbonell MGRM	200 Leslie Drive, Apt. 323		
	Hallandale Beach, FL 33009-7311		
Angelique Cosio MGRM	200 Leslie Drive, Apt. 323 Hallandale Beach, FL 33009-7311		
Michalla Bastrona MCDM			
Michelle Restrepo MGRM	200 Leslie Drive, Apt. 323 Hallandele Beach, FL 33009-7311		
			
			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	· · · · · · · · · · · · · · · · · · ·	OPTIONAL)	or
to or 90 days after the date of filing.)	e specific and cannot be more than 1140 bu	smees anys pric	•
REQUIRED SIGNATURE:	_	07 MAY 31 SECINLIANASS	Τ1
Mayo (Pachonell	31 A	FILE
C	er or an authorized representative of a member.	AH IO: 59	U
(In accordance with se of this document const that the facts stated to the facts are stated to	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)): 59 ATE ORIDA	
Maria Carbonell			
T	yped 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)