W1000058996

(Re	equestor's Name)	<u> </u>
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		6-51
	Office Use On	10 lot



000103633310

06/04/07--01056--013 **130.00

COVER LETTER

TO: Registration So Division of Co						
SUBJECT: SERAF	FINA'S LLC (Name of Limite	d L	iability Compa	nv)		
	(Name of Emite	u L	raomity Compa	ury)		
The enclosed Articles o	f Organization and fee(s) are s	ubn	nitted for filing	; .		
Please return all corresp	oondence concerning this matte	er to	the following	:		
JOSE N C						
	(Nan	ne of Person)			
J.C. ACCC	UNTING & TAX SE	R۷	/ICES			
	((Firr	n/Company)			
2900 GLA	DES CIRCLE SUIT	ΓΕ	525			
		(,	Address)			- 55 FSE J
WESTON	, FLORIDA 33327					學是
	(City	/Sta	ite and Zip Code)		震声
For further information	concerning this matter, please	call	l:			OT JUN -4 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORID
JOSE CORREA		_4.	954	217-120	7	夏 29
	of Person)	at (<u> </u>	elephone Number)	•
Enclosed is a check for	or the following amount:					
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	C	☐ \$155.00 Fi Certified Copy additional copy i	1	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is encl	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration of Clifton Biological Exe	urier Addresson Section of Corporation uilding cutive Centeree, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Name and with the	LC	ny, "Limited Company" or their abbreviation "LLC,"	"I C "
(Must end with the	words "Limited Liability Compa	ny, "Limited Company" or their appreviation "LLC,"	or "L.C.,")
ARTICLE II	- Address:		
The mailing ac	ddress and street address	of the principal office of the Limited Lia	bility Company is:
Principal Offi	ice Address:	Mailing Address:	
2540 JARDIN JA	RDIN	833 SAVANNAH FALLS DR.	
WESTON ELOP			
WESTON, FLOR	IDA 33327	WESTON, FLORIDA 33327	
ARTICLE III	I - Registered Agent, Re	gistered Office, & Registered Agent's	unl or another
ARTICLE II) (The Limited Liabi business entity wi	I - Registered Agent, Re lity Company cannot serve as its th an active Florida registration.)		unl or another
ARTICLE II) (The Limited Liabi business entity wi	I - Registered Agent, Re lity Company cannot serve as its th an active Florida registration.) the Florida street address	gistered Office, & Registered Agent's own Registered Agent. You must designate an individ	unl or another
ARTICLE II) (The Limited Liabi business entity wi	I - Registered Agent, Re lity Company cannot serve as its th an active Florida registration.) the Florida street address	gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name	unl or another
ARTICLE II) (The Limited Liabi business entity wi	I - Registered Agent, Re lity Company cannot serve as its th an active Florida registration.) the Florida street address JOSE N CORREA 833 SAVANNAH FA	gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name	unl or another
ARTICLE II) (The Limited Liabi business entity wi	I - Registered Agent, Re lity Company cannot serve as its th an active Florida registration.) the Florida street address JOSE N CORREA 833 SAVANNAH FA	gistered Office, & Registered Agent's own Registered Agent. You must designate an individual of the registered agent are: Name ALLS DR.	ual or another

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.

(CONTINUED)
Page 1 of 2

lered 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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	CRISTINA ROTHAUG	
	AVENIDA LA ESTANCIA, CCCT SECTOR YAREY	
	OFF. 7MD, CHUAO, CARACAS, VENEZUELA	
MGRM	MANUEL PEREZ LUNA	
	AVENIDA FRANCICO MIRANDA, TORRE LA PRIMERA PISO 5	
	OFF. 5A CAMPO ALEGRE, CARACAS VENEZUELA	
MNGR	JOSE N CORREA	
	833 SAVANNA FALLS DR	
	WESTON, FL 33327	
	JOSE N CORREA 833 SAVANNA FALLS DR WESTON, FL 33327 LAHASSEE, FLORIE PLORIE OT JUN -4 PR SECHETARY OF STATE OT JUN -4 PR STATE OT JUN -4 PR	FILE
		E
	<u> </u>	
(Use attachment if necessary)	aga Co	,
• /		
CLE V: Effective date, if other than	the date of filing: JUNE 1ST 2007 . (OPTIONAL)	
	st be specific and cannot be more than five business days prior	
days after the date of filing.)		

ember 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.)

JOSE N CORREA

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)