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	Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
EFFECTIV	E DATE (1-14-07)
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COVER LETTER

Division of Co			
SUBJECT: MASIA	, LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	τ to the following:	
RAMON TO	OURGEMAN, ESQ.		
- · · · · ·	(I	Name of Person)	
RAMON TO	DURGEMAN, P.A.		07 V
	(Firm/Company)	EGR JUN
P.O. BOX	800-111		O7 JUN 18 AM 10: U3 SECRETARY OF STATI FALLAHASSEE, FLORI
	-	(Address)	E P
AVENTUF	RA, FLORIDA 3328	30	FLOP FLOP
	(City	/State and Zip Code)	BH 2
For further information	concerning this matter, please	call:	
RAMON TOURG	EMAN, ESQ.	at (305) 792-008	8
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	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 Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	- ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:			
MASIA, LLC	Company" or their abbreviation "LLC," or "L.C.,") FOR ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:	75 0		
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1296 Canary Island Drive	1296 Canary Island Drive		
Weston, Florida 33327	Weston, Florida 33327		
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 reg	-		
Ramon Tourgeman	10 LUC)		
Name	EFFECTIVE DATE 4-140		
2091 NE 206 Street			
Florida street address (P.O. Box NOT acceptable)			
Miami,	FI. 33179		
City, State, and Zip			
liability company at the place designated in thi registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	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 ered 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 JOSE A. MARTINEZ 1296 Canary Island Drive Weston, Florida 33327 LISELOTT MARRERO 1296 Canary Island Drive Weston, Florida 33327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 14, 2007 . (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 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)