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Certified Copies	_ Certificates	of Status
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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE (128) TO THE CONTROL OF THE CONTROL

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	Office Use Only
ORPORATION NAME(S) & DOCI	UMENT NUMBER(S), (if known):
DANYAD ENTE	ERPRISES L.L.C.
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
<u> </u>	
(Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
U Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Foreign Limited Partnership
	Reinstatement
•	Trademark
·	Other

Examiner's Initials

EFFECTIVE DATE 6 28 07

RTICLES OF ORGANIZATION FOR 1	ET ODIDA I IMPTED I JARIJ POZ-GOMDANÝ
RHELISOF ORGANIZATION FOR	TOOLOGA LAWITED HABILITY CONTRACTOR
ARTICLE I - Name:	73.0
The name of the Limited Liability Company	is:
DANYAD E	ENTERPRISES L.LC Topicalistic Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
14532 SW 129 ST	13960 SW 160 AVE
Miami FL 33186	13960 SW 160 AVE MIDIMI FL 33196
APTICLE III - Pegistered Agent Register	red Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	egistered Agent. You must designate an individual or another
The name and the Florida street address of th	he registered agent are:
Na Na	n Farkas
	32 tat
	t address (P.O. Box NOT acceptable)
City Sta	FL 33155 ate, and Zip
	-
Having been named as registered agent and	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as
registered agent and agree to act in this capa	acity. I further agree to comply with the provisions of a
statutes relating to the proper and complete	e performance of my duties, and I am familiar with and
accept the obligations of my position as r	registered agent as provided for in Chapter 608, F.S
Hul	Im
Registered Agont's SI	mature (REQUIRED)
— ( ; '	1

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HGE	DAVID PINEDA 13960 SW 160 AVE MIAMI, FL 33196
MGRH	YAZHIN FARKAS BZ41 SW 32 TER HIAHI FL 33155
e de	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-28-07. (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)