

LO 7000107357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

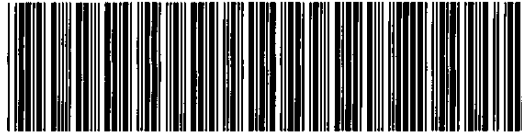
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W07-4924

Office Use Only



500110142845

10/03/07--01020--018 \*\*160.00

AL

2007 OCT 22 P 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2007

YAMILE RUISANCHEZ  
2200 HWY 73 S.  
MARIANNA, FL 32448

SUBJECT: HABANA EXPRESS NORTH LLC  
Ref. Number: W07000049241

We have received your document for HABANA EXPRESS NORTH LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 507A00058132

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Habana Express North LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yamile Ruisanchez  
(Name of Person)

Habana Express Corp.  
(Firm/Company)

2200 Hwy 735.  
(Address)

Marianna, FL 32448  
(City/State and Zip Code)

2001 OCT 22 P 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Yamile Ruisanchez at (850) 482-2893  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Habana Express North LLC  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3820 Caverns Rd  
Marianna, FL 32446

3820 Caverns Rd.  
Marianna, FL 32446

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual and/or business entity with an active Florida registration.)

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

Yamile Ruisanchez  
Name

2200 Hwy 73 S.  
Florida street address (P.O. Box **NOT** acceptable)

Marianna, FL 32448  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
OCT 22 P 1:51

**FILED**

*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..*

*Yamile Ruisanchez*  
Registered 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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

mGR

maria El Valiente  
2200 Hwy 735.  
marianna, FL 32448

mGR

yamile Ruisanchez  
2200 Hwy 735.  
marianna, FL 32448

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

2001 OCT 22 P 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

*Yamile Ruisanchez*

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.)

yamile Ruisanchez

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)