

# LU7000116242

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SUFFICIENCY OF FILING

DEPARTMENT OF STATE OF STATE OF STATE OF CORPORATION

## **LAZARUS**

CR2E031(7/97)

### **CORPORATE FILING SERVICE**

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

. '	Office Use Only
CORPORATION NAME(S) & DOCE	UMENT NUMBER(S), (if known):
1. ESTEFANO GLC	UMENT NUMBER(S), (if known):  OBAL PARTNERS, LEGGER  (Document #)
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3.	Y
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	2.06 Certified Copy
Mail out Will wait .	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger <sup>*</sup>
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark
	Other
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# EFFECTIVE DATE\_IL

ARTICLES OF ORGANIZATION	<b>FOR</b>	<b>FLORIDA</b>	LIMITED	LIABILITY	CON	<b>IPANY</b>
						0.

ARTICLE I - Name: The name of the Limited Liability Com	npany is:
Estefano Glo	obal Partners, LLC
	*
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company
ARTICLE II - Address: The mailing address and street address	ON P
ARTICLE II - Address:	of the principal office of the Limited Liability Company

business entity with an active Florida registration.)

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

Rodolfo M. E	stefano
Name	
4581 Weston	Road, #122
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)
Weston,	FL 33331
City, State, and	d Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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### 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:
HGRM	Rodolfo M. Estefano
	4581 Weston Road, #122
	Weston, FL 33331
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: Nov. 16, 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 of 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.)

Rodolfo M. Estefano

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)