

LUB000002490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

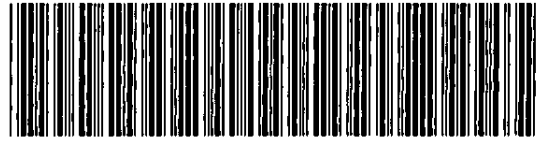
(Business Entity Name)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MR. BUSINESS CARD L.L.C
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials



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No Events No Name History

Entity Name S

Detail by Entity Name

Florida Profit Corporation

MR. BUSINESS CARD, INC.

Filing Information

Document Number P07000088673
 FEI Number NONE
 Date Filed 08/06/2007
 State FL
 Status ACTIVE

Principal Address

10431 S.W. 51 STREET
 MIAMI FL 33165

Mailing Address

10431 S.W. 51 STREET
 MIAMI FL 33165

Registered Agent Name & Address

SAGARO, JOSE
 10431 S.W. 51 STREET
 MIAMI FL 33165 US

Officer/Director Detail

Name & Address

Title PD
 SAGARO, JOSE
 10431 S.W. 51 STREET
 MIAMI FL 33165

SAME OWNER.

Annual Reports

No Annual Reports Filed

Document Images

08/06/2007 - Domestic Profit [View image in PDF format](#)

Note: This is not official record. See documents if question or conflict.

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No Events **No Name History**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mr. BUSINESS CARD L.L.C
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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ARTICLE II - Address:

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

Principal Office Address:

2600 Douglas Rd.
Suite 700
Coral Gables, FL 33134

Mailing Address:

10431 SW 51 st
Miami FL 33165

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 or another business entity with an active Florida registration.)

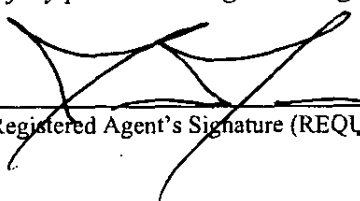
The name and the Florida street address of the registered agent are:

JOSE E. SABARO
Name

10431 SW 51 Street
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33165
City, State, and 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)

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:

MGRM

JOSE SABARO
10431 SW 51 ST
MIAMI FL 33165

MGRM

JUAN SABARO
2600 DOUGLASS RD
SUITE 700
CORAL GABLES FL 33134

(Use attachment if necessary)

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:



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.)

JOSE SABARO

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)