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(Requestor's Name)				
(Address)				
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PICK-UP	MAIT	MAIL:		
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(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

B. KOHR JAN 0 9 2008

**EXAMINER** 

## LAZARUS CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165

305-552-5973

Office Use Only

DED(S) (if known):

		٠		Office Use Only	W. C.
CORPORATION NA	ME(S) & DOCU	MENT	NUMBER(S), (i	f known):	V
MINISO	L REES.	IN	VESTME,	NTS LLC	
	ration Name)		(Document #)		
· 2.					
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Walk in	Pick up time _	2.00	6	Certified Copy	
☐ Mail out	☐ Will wait		Photocopy	Certificate of Statu	ıs
NEW FILINGS		AM	IENDMENTS		
Profit Not for Profit Dimited Liability Domestication Other  Amendment Resignation of R Change of Regist Dissolution/With					
OTHER FILINGS	1	RE	GISTRATION/O	<u>QUALIFICATION</u>	
Annual Report Fictitious Name		0000	Foreign Limited Partners Reinstatement Trademark Other	ship	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	12 C C C C C C C C C C C C C C C C C C C				
The name of the Limited Liability Company is:					
Minisol REES Inves					
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
5167 NW 74 AVENUE	5167 NW 74 AVENUE				
MIAMI, FL 33166	MIAMI, FL 33166				
(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 re-					
Eduardo Sattu	Talledo				
Name					
5167 NW 74 A	AVENUE				
Florida street address (P.O. Box NOT acceptable)					
MIAMI	<sub>FL</sub> 33166				
City, State, an	d Zip				
liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete perj	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				

01/02/2008
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:		Name and Address:
"MGR" = Man "MGRM" = M	nager anaging Member	
MGRM		Eduardo Sattui Talledo
		3506 SW 174 Drive
		Miramar, FL 33029
MGRM		Sonia Aficia Queirolo De Sattul
	<del></del>	3506 SW 174 Drive
		Miramar, FL 33029
<del></del>		
	<del></del> _	
(Use attachme	nt if necessary)	
·	•	(2 Pm 23 / 4 / 5 )
		date of filing: (OPTIONAL)
f an effective date is oor 90 days after the		e specific and cannot be more than five business days prio
of 90 days after the	uate of filling.)	
REQUIRED S	SIGNATURE:	
	cli	thy
	70	01/02/2008
	Signature of a member	r or an authorized representative of a member.
		ction 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
	Edu	ardo Sattui Talledo

Typed or printed name of signee