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EXAMINER

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CONTACT:	ASHLEY SI	MITH			
DATE:	02-20-2008				
REF. #:	001260.8203	<u>.2</u>			
CORP. NAME:	LUIS CARI	LOS ALVAREZ, LLC			
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() ANNUAL REPORT () FOREIGN QUALIFIC	CATION	() TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP	() FICTITIOUS NAM (XX) LIMITED LIABIL		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
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Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TAMPA, FL 33624 TAMPA, FL 33624 TAMPA, FL 33624 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS CARLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip TAMPA, FL 33624 City, State, and Zip TAMPA agent's Signature: 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip Tampany at the place designated in this certificate, I hereby accept the appointment as registered agent and to accept service of process for the above stated, limited like impany at the place designated in this certificate, I hereby accept the appointment as registered agent and the provisions of all statutes relating to the certificate of the provisions of all statutes relating to the certificate.	LUIS CARLOS ALVAREZ, LLC		
Principal Office Address: 10412 WILLOWBRAE DR TAMPA, FL 33624 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS CARLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip Tampany at the place designated in this certificate, I hereby accept the appointment as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and to accept service of process for the above stated flimited the place designated in this certificate, I hereby accept the appointment as registered agent and to accept service of process for the above stated flimited the place designated in this certificate, I hereby accept the appointment as registered agent and to accept service of process for the above stated flimited the place to act in this capacity. I further agree to comply with the provisions of all statutes relating to the adventure of the place designated agent as provided for in Chapter 608, Florida Statutes.			
TAMPA, FL 33624 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS CARLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip ALLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip ALLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip ALLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable)	The mailing address and street address of the princip	pal office of the Limited Liability Company is:	
TAMPA, FL 33624 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS CARLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip Agent agent and to accept service of process for the above stated limited the company at the place designated in this certificate, I hereby accept the appointment as registered agent and complete performance of my duties, and I am familiar with and accept the obligations of my positive registered agent as provided for in Chapter 608, Florida Statutes.	Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS CARLOS ALVAREZ Name 10412 WILLOWBRAE DR Florida street address (P.O. Box NOT acceptable) TAMPA, FL 33624 City, State, and Zip ALLE STATE STAT	10412 WILLOWBRAE DR	10412 WILLOWBRAE DR	
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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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
WORW Wantaging Wember	LUIS CARLOS ALVAREZ
MGRM	10412 WILLOWBRAE DR
	TAMPA, FL 33624
(Use attachment if necessary)	
NOTE: An additional article must be added	if an effective date is requested.
REQUIRED SIGNATURE;	
has I	
Signature of a member or an authorize	d representative of a member.
	08(3), Florida Statutes, the execution firmation under the penalties of perjury
that the facts stated herein are true	.)
LUIS CARLOS ALVAREZ	

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional) SECRETARY OF STATE
TALL ALIASSEF, FLORID



Typed or printed name of signee