

LD8000018544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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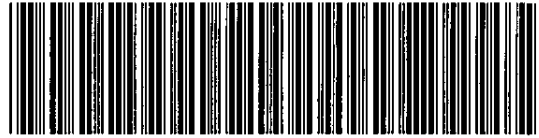
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**L. SELLERS**

FEB 21 2008

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The MiAmigos , 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:

Karen A. Lewis Olsen

(Name of Person)

(Firm/Company)

20245 NW 7 Avenue

(Address)

Miami, FL 33169

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen A. Lewis Olsen

(Name of Person)

at ( 305 ) 965-7083

(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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The MiAmigos, 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:

1810 NW 78 Avenue

Pembroke Pines, FL 33024

USA

#### Mailing Address:

20245 NW 7 Avenue

Miami, FL 33169

USA

### 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:

Karen A Lewis Olsen

Name

20245 NW 7 Avenue


Florida street address (P.O. Box NOT acceptable)

Miami, FL 33169

FL

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)

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Mads Borne  
Himmelbjergvej 100  
8600 Silkeborg , Denmark

MGRM

Christian Bordinggaard  
Rødkildebanken 24  
4320 Lejre , Denmark

MGRM

Heidi Bordinggaard  
Rødkildebanken 24  
4320 Lejre , Denmark

MGRM

Johnni Aabo Sørensen  
Holger Drachmanns Vej 10  
9200 Aalborg SV , Denmark

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/15/2008 (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.)

Karen A. Lewis Olsen

Typed or printed name of signer

**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)

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**ARTICLE IV - Manager(s) or Managing Member(s) cont'd**

The name and addresses of each Manager or Managing member is as follows:

**Title:**

**Name and Address:**

MGRM

MARTIN OLSEN  
PT. ENGHAVEVEJ 19  
2500 VALBY, DENMARK

MGRM

CLAUS GREVE  
NIELS LYKKESGADE 36  
9400 NORRESUNDBY, DENMARK

MGRM

CARL OLE OKKELS  
OSTERVAENGET 13  
9200 AALBORG SV, DENMARK

MGRM

THOMAS FEDDER  
FILIPPAVEJ 51  
9000 AALBORG, DENMARK

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