

LD8000044544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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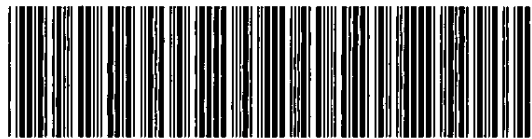
Special Instructions to Filing Officer:

**L. SELLERS**

MAY - 5 2008

**EXAMINER**

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EBRUS, 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:

JACQUELINE OTERO  
(Name of Person)

EBRUS, LLC  
(Firm/Company)

90 S.W. 8<sup>th</sup> STREET, SUITE 240  
(Address)

MIAMI, FL 33130  
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUELINE OTERO at (703) 727-6033  
(Name of Person) (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

## **ARTICLES OF ORGANIZATION**

### **ARTICLE I – Name:**

EBRUS, LLC

### **ARTICLE II – Address:**

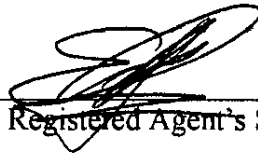
#### **Principal Office and Mailing Address:**

90 S.W. 8<sup>th</sup> Street, Suite 240  
Miami, FL 33130

### **ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

Eduardo J. Otero  
2101 Brickell Ave, Apt 1805  
Miami, FL 33129

*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

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#### **ARTICLE IV – Managing Member(s) or Manager(s):**

**Title**

**Name and Address**

Managing Member

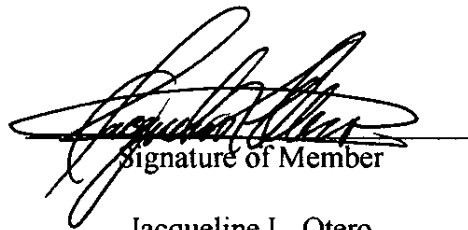
Jose Luis Domingo  
Kaya Gobernador Nicolaas Debrot  
Bonaire – Dutch Caribbean  
Phone: (599) 717-6720

Manager

Jacqueline L. Otero  
90 S.W. 8<sup>th</sup> Street, Suite 240  
Miami, FL 33130  
Phone: (703) 727-6033

#### **ARTICLE V – Effective Date**

Date of filing



Signature of Member

Jacqueline L. Otero

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