108000054541

(Re	questor's Name)	
(Ado	dress)	
(A.1		
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(B)	in and Entitue Name	2-1
(Bus	siness Entity Nam	ie)
(Doc	cument Number)	
	•	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
,		

Office Use Only



200130578132

06/02/08--01041--013 **125.00

SECRETARY OF STATE

T. CLINE
JUN - 2 2008
EXAMINER

COVER LETTER

TO: 'Registration S Division of Co					
SUBJECT: Instruxo	LLC.				
SUBJECT, MANUELLE		ted Liability Com	pany)		
The enclosed Articles of	of Organization and fee(s) are	submitted for fili	ng.		
Please return all corresp	ondence concerning this mat	ter to the followir	ng:		
Rafael J. Ge	rena				
		(Name of Person)			
Instruxo LLC) .				
		(Firm/Company)			
140 Tuscany	Pointe Avenue				
		(Address)			
Orlando, Fl.	32807				
	(Cit	ty/State and Zip Cod	de)		
For further information	concerning this matter, pleas	e call:			
1 of turner morniaren	concerning this matter, prous	o ouii.		ZIII TAL	
Rafael J. Gerena	of Dongon)	_ at (407	655-9851		enr:
(Name	e of Person)	(Area Co	de & Daytime Tek	2000 JUN -2 SECRETARY ALLAHASSE	
Enclosed is a check for	or the following amount:			P. P.	1 1
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Co (additional co		\$160.00 Filing Fee. Certificate of Statos & Certified Copy (additional copy is enclosed)	Carrier and a
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section of Corporations Building secutive Center C ssee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:			•	
Instruxo LLC.			_	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited L	iability (Comp	any is:
Principal Office Address: Mailing Address:				
140 Tuscany Pointe Avenue	140 Tuscany Pointe Avenu	ıe		
Orlando, Fl. 32807	Orlando, Fl. 32807		_	
			_	
ARTICLE III - Registered Agent, Registered (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 registration. Rafael J. Gerena Name	ered Agent. You must designate an indiv			773 900
140 Tuggeny Beinte Aven	10	E S		
140 Tuscany Pointe Avenue Florida street address (P.O. Box NOT acceptable)		FLC FSI	PM 1:	-
Orlanda El 20007		OF STATE	: 27	
City, State, at	<u>FL</u>	T.		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered. See Registered Agent's Signature	his certificate, I hereby accept to I further agree to comply wit rformance of my duties, and I a tered agent as provided for in the second of	the appo th the pro im famili	intmer ovisior iar wit	nt as ns of all th and

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Name and Address:			
"MGR" = Manag "MGRM" = Man	•				
MGRM		Rafael J. Gerena			
		140 Tuscany Pointe Avenue Orlando, Fl. 32807			
		Onando, Fl. 32807	·		
					
/I I					
	date, if other than the	date of filing:			
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.)	date of filing:e specific and cannot be more than f			
CLE V: Effective of	date, if other than the ted, the date must be ate of filing.)				
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.) GNATURE:	e specific and cannot be more than f		ss day 2008 JUN	
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.) GNATURE: Proper of	e specific and cannot be more than f	ive busine SECRETARY TALL AHASSE	ss day 2000 JUN -2	s p
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.) GNATURE: Probably Signature of a membe	e specific and cannot be more than f	SECRETARY OF STANDARY OF STAND	ss day 2000 JUN -2	s p
CLE V: Effective of fective date is list days after the da	date, if other than the ted, the date must be ate of filing.) GNATURE: Figure of a member (In accordance with secondary)	r or an authorized representative of a meretion 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of pe	SECRETARY OF ST	ss day 2008 JUN	s p
CLE V: Effective of the control of t	date, if other than the ted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitution that the facts stated here.	r or an authorized representative of a meretion 608.408(3), Florida Statutes, the executitutes an affirmation under the penalties of pe	SECRETARY OF STATE TALL AHASSEE, FLORID	ss day 2000 JUN -2 PM 1:	

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)