## Florida Department of State

**Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000209106 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Fax Number : (305)552-5973 : (305)220~1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

### BLISS PRODUCTS, LLC

Certificate of Status	6
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

SEP - 8 2008

9/5/2008 4:18 PM

**EXAMINER** 

# H08000209106

	l		
The name of the Limit	ted Liability Company	is:	8
	, , ,		超 经
BLISS 1	PRODUCTS, L	446	星形了
		ability Company, "L.L.C.," or "LLC.")	FEE 0
			in in the second
RTICLE II - Addr		' . ' 1 - 88 64 - 1 '14. 4 T	71-71
he mailing address a	nd street address of the	principal office of the Limited I	lability Company
rincipal Office Add	ress:	Mailing Address:	Bu.
2500 DALL	EDWAN DO	51.4 × 5	
JOU ROUN	33/33	SAME	
MINH, FL	<u>. 33/33                                 </u>		
business entity with an activ			
•	rida street address of th	— <u>=</u>	
•	rida street address of th	— <u>=</u>	
•	rida street address of th	UR/	
•	rida street address of th	— <u>=</u>	
•	rida street address of the YAM/L K-Nar Nar 3580 ROCK	me  ERMAN PD  address (P.O. Box NOT acceptable)	·
•	rida street address of the YAM/L K-Nar Nar 3580 ROCK	me  ERMAN PD  address (P.O. Box NOT acceptable)	
•	rida street address of the YAM/L K-Nar Nar 3580 ROCK	URI ME ERMAN PD	
The name and the Flor	rida street address of the YAM/L K-Nar 3580 Rock Florida street M/AM/, F City, State	MR/ me  ERMAN PD  address (P.O. Box NOT acceptable)  L FI, 33/33  te, and Zip	e above stated limited
The name and the Floring	rida street address of the YAM/L K.  Nar  3580 Rock  Florida street  N/AM/, F  City, States  as registered agent and	me  ERMAN PD  address (P.O. Box NOT acceptable)	
The name and the Floring Having been named a liability company of	rida street address of the  YAM/L K  Nat  3580 Rock  Florida street  M/AM/, F  City, Stat  as registered agent and at the place designated if	me  ERMAN PD  address (P.O. Box NOT acceptable)  FI, 33/33  te, and Zip  to accept service of process for the	the appointment as
The name and the Floring heen named of liability company of registered agent and of statutes relating to the statutes rel	rida street address of the YAM/L K Nar  3530 Rock  Florida street  M/AM/, F  City, State  as registered agent and at the place designated in agree 10 act in this supal he proper and complete	me  ERMAN PD  address (P.O. Box NOT acceptable)  FI, 33/33  te, and Zip  to accept service of process for the in this certificate, I hereby accept to city. I further agree to comply with performance of my duties, and I a	the appointment as th the provisions of all m familiar with and
The name and the Floring heen named of liability company of registered agent and of statutes relating to the statutes rel	rida street address of the YAM/L K Nar  3530 Rock  Florida street  M/AM/, F  City, State  as registered agent and at the place designated in agree 10 act in this supal he proper and complete	The me  ERMAN PD  address (P.O. Box NOT acceptable)  FI, 33/33  te, and Zip  to accept service of process for the in this certificate, I hereby accept acity. I further agree to comply with	the appointment as th the provisions of all m familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIREU)

H08000209106

## H08000209106

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
H6R	YAMIL KURI 3580 ROCKERMAN RD MIAMI, FL 33/33
	TASSEE FLORID
	<b>7</b>
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a member	or or an authorized representative of a member.
of this document const that the facts stated h	otion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)  L KUR  ped or printed name of signee
Filing Feet:	· •

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H08000209106