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PICK-UP WAIT MAIL	
(Business Entity Name)	
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SECRETARY OF STATE

M. THOMAS

SEP - 9 2008

EXAMINER

COVER LETTER

•	O: Registration Section Division of Corporations	
. :	UBJECT: Cacau Gallerie LLC	
	(Name of Limited Liability Company)	
	ne enclosed Articles of Organization and fee(s) are submitted for filing.	
1	ease return all correspondence concerning this matter to the following:	
	Clarice de Souza Abrantes	
	(Name of Person)	
	Cacau Gallerie LLC	
	(Firm/Company)	
	300 Aragon Avenue Suite 360	78 S.
	(Address)	4
	Coral Gables, FL 33134	Ġ
	(City/State and Zip Code)	王
F	or further information concerning this matter, please call:	08 SEP -8 HI 1: 15
ı	tick or Myrna _{at (} 305) 445-8989	
_	(Name of Person) (Area Code & Daytime Telephone Number)	
E	nclosed is a check for the following amount:	
	125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability (Company is:	
Cacau Gallerie LLC		
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	ess of the principal office of the Limited Liability Compar	ıy is
Principal Office Address:	Mailing Address:	
Principal Office Address: 300 Aragon Avenue		
	Mailing Address: 300 Aragon Avenue Suite 360	G
Principal Office Address: 300 Aragon Avenue Coral Gables, FL 33134	300 Aragon Avenue	000

Clarice de Souza Abrantes

Name

300 Aragon Avenue, Suite 360

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

Coral Gables, FL FL 33134

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..

(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:

MGRM	Clarice de Souza Abrantes	
	300 Aragon Avenue Suite 360	
	Coral Gables, FL 33134	
MGR	Rick Rodriguez Piña	
· 	300 Aragon Avenue Suite 360	
	Coral Gables, FL 33134	
		B SET
(Use attachment if necessary)		OF ST
LE V: Effective date, if other than th	e date of filing: . (C	PT ER A

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.)

Clarice de Souza Abrantes

Typed or printed name of signee

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)