(Requestor's Name)	
(Address)	100135
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	09/10/0800
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	:
SEP 112008	
EXAMINER	

Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: OLIVE	ENTERPRISES	INTERNATIONAL, LL	.C
SUBJECT:		ted Liability Company)	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
FRANCISC	O RECIO		
		(Name of Person)	
OLIVE EN	TERPRISES INT	ERNATIONAL, LLC	
		(Firm/Company)	
1115 HARI	DEE ROAD		
		(Address)	
CORAL GA	ABLES, FL 33140		
	(Ci	ty/State and Zip Code)	
For further information co	oncerning this matter, pleas	se call:	
FRANCISCO R	ECIO	at (786) 303-001	7
(Name o	f Person)	(Area Code & Daytime Tele	phone 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

OLIVE ENTERPRISES INTERNATIONAL, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:
1115 HARDEE ROAD	SAME
CORAL GABLES, FL 33146	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi- business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
FRANCISCO RECIO	<u> </u>
Name	•
1115 HARDEE ROA	AD
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
CORAL GABLES,	_{FL} 33146
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered 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:

MGR	FRANCISCO RECIO
	1115 HARDEE ROAD
	CORAL GABLES, FL 33146
MGRM	FABIOLA LACAYO RECIO
	1115 HARDEE ROAD
	CORAL GABLES, FL 33146
(Use attachment if necessary)	Innediately

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.)

FRANCISCO RECIO

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)

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