

LO8UUU092668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

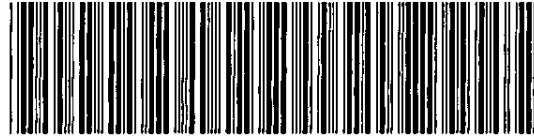
Special Instructions to Filing Officer:

Office Use Only

**B. KOHR**

SEP 30 2008

**EXAMINER**



900136413879

09/30/08--01004--015 \*\*78.25

09/30/08--01004--016 \*\*78.75

EFFECTIVE DATE 9/29/08

**B. KOHR**

SEP 30 2008

**EXAMINER**

RECEIVED  
08 SEP 30 AM 11:09  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 SEP 30 PM 1:55  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 9/29/08

FILED  
08 SEP 30 PM 1:55  
TALLAHASSEE, FLORIDA

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TARAC GROUP, LLC  
(Corporation Name) / (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00 pm

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

EFFECTIVE DATE

9/29/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TARAC GROUP, LLC.

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

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8530 N.W. 93<sup>RD</sup>. St.  
MEDLEY FL 33166.

Mailing Address:

8530 N.W. 93<sup>RD</sup>. St.  
MEDLEY, FL 33166.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CARLOS L. CAPELLI

Name

19306 S.W. 132 AVE.

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

MIAMI FL 33177.

City, State, and Zip

*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 (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

President.

TEECA H. LUTCHMAN  
2383 SW 181 TERR.  
MIAMI FL 33029.

Vice-President

ARISTIDES RIVERA  
50 SW 59 COURT  
MIAMI, FL 33144

TREASURER

ALFREDO SQUINTERO  
400 S.W. 128 AVE  
MIAMI FL 33184

VOCAL

RAMON GRULLON  
50 SW 59 COURT  
MIAMI FL 33144  
3401 SW 99 AVE  
MIAMI FL 33165

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9-29-2008 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

CARLOS L. CAPEHILLO

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)

MADJA M. CAPELLLO  
19306 SW 132 AVE  
MIAMI, FL 33177.

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SECRETARY.