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## Florida Department of State

**Division of Corporations** Public Access System

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(((H080002392073)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILLING SERVICE, INC.

Account Number : 120000000019 : (305) 552-5973 Phone

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### PAMPASUR LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

M. THOMAS

OCT 2 1 2008

10/20/2008 12:03 PM

## H08000239207

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
PAMPASUR 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: Mailing Address:
390 S. OCEAN DRIVE SAME
Houywood Fr. 33019
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:
CLAUDIA BENJUA Name
Name S
3901 S. OCEAN DRUZ#12+ 99 0
Florida street address (P.O. Box NOT acceptable)
HOUYWOOD FL 330/9 City, State, and Zip
City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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

H08000239207

# H08000239207

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

The name and address of each Manage	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
HQRH	ALEJANDRO. E. MELÎK 3901 S. OCEAN DEWE #121 HOLLYWOOD FR 33019
HORM	VIVIANA R. QALEANO 3901 S. OCEAN DENR #12 + HOUYWOOD FL 33019
,	
(Use attachment if necessary)	SECH TALLA
LEV: Effective date, if other than the d ffective date is listed, the date must be	specific and cannot be more than five business days prior
LEV: Effective date, if other than the d ffective date is listed, the date must be	specific and cannot be more than five business days prior
LEV: Effective date, if other than the defective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior
LE V: Effective date, if other than the diffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior
LEV: Effective date, if other than the diffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with sections)	specific and cannot be more than five business days prior  Selection  of an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution utos an affirmation under the penalties of perjury
CLE V: Effective date, if other than the diffective date is listed, the date must be a days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section of this document constituted that the facts stated her	specific and cannot be more than five business days prior  Box Selfler  of an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution utos an affirmation under the penalties of perjury crein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Rogistered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

. Page 2 of 2

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