## L08000100611

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	Isiness Entity Nami	e)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
		:
-		

Office Use Only



000137144800

10/27/08--01003--015 \*\*155.00

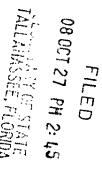
DIVISION OF CORPORATIONS
TALLABASSEE, FLORIDA

RECEIVED

B. KOHR

OCT 2 7 2008

**EXAMINER** 



## **LAZARUS**

## CORPORATE FILING SERVICE

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

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2,06 Certified Copy Mail out Photocopy ☐ Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement **Trademark** Other

**Examiner's Initials** 

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
PETRO GROUP 27th AVENUE	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 Lim	ited Liability Company is:
Principal Office Address: Mailing Address:	
1260 NW 74 ST. 1260 NU Miami Fla 33147 MIAMI Fla 33147	V74ST.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. You must designate business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	780 080
manha ayala	E G R
Name	T27 PA
1260 NW 7457.  Florida street address (P.O. Box NOT accepta Miam: FL FL 33147	PH 2: 45 SEE, FLORIT
Florida street address (P.O. Box NOT accepta	ble) Eo ?
	96 <b>5</b>
City, State, and Zip	
Having been named as registered agent and to accept service of process liability company at the place designated in this certificate, I hereby a registered agent and agree to act in this capacity. I further agree to comp statutes relating to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided	ccept the appointment as ply with the provisions of all and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Meml	Name and Address:
MGRM	Martha ayala 1260 NW 7457 mami Fla 33147
16RM	Ruben Gonzalez 1260 NW 74 St. Migni FL 33147
MGRM	Zeev W. Hechter 1260 NW 74 ST. Migmi FLa 33147
(Use attachment if necessary)	)
fective date is listed, the date	than the date of filing: (OPTION e must be specific and cannot be more than five business da
fective date is listed, the date days after the date of filing.)  REQUIRED SIGNATURE	than the date of filing: (OPTION e must be specific and cannot be more than five business da
fective date is listed, the date days after the date of filing.  REQUIRED SIGNATURE  Signature of  (In accordan of this docur that the factors and the factors are the factors	than the date of filing:
EEQUIRED SIGNATURE Signature of (In accordan of this docur that the fa	than the date of filing: