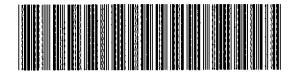
# L08000100622

(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



300137144793

10/27/08--01003--014 \*\*155.00

OB OCT 27 AM IO: 25OB OCT 27

B. KOHR
0CT 2 7 2008

**EXAMINER** 



## **LAZARUS**

### **CORPORATE FILING SERVICE**

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

MIAMI, FL 33165 (305) 5	52-59/3	
CORPORATION NAME(S) & DOCUM	Office Use Only MENT NUMBER(S), (if known):	BOCT 27 PM 2: 45
	STMENTS LLC.	372
(Corporation Name)	(Document #)	Only to
(Corporation Name)	(Document #)	<del></del>
3. (Corporation Name)	(Document #)	· ·
4. (Corporation Name)	(Document #)	
Walk in Pick up time  Mail out Will wait	2.00	
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Direct Change of Registered Agent Dissolution/Withdrawal Merger	or
OTHER FILINGS	REGISTRATION/QUALIFICATION	1 .
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's l	nitials

## ARTICLES OF ORGANIZATION A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I- NAME

The name of the Limited Liability Company is:

#### AREKUNA INVESTMENTS LLC

#### ARTICLE II-ADDRESS:

SOCIET PAZ: 45 The mailing address and street address of the principle office of the Limited Liability Company is:

#### PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

14628 SW 8 STREET MIAMI FLA 33122

14628 SW 8 STREET **MIAMI FLA 33122** 

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

#### **JOSE ANTONIO CABRERA**

(NAME)

#### **14928 SW 8 STREET**

FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

#### MIAMI FLA 33194

CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 FURTHERAGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFOMANCE 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 SIGNATURE

#### ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

MGR= Manager

MGRM= Managing Member

MGR= JOSE ANTONIO CABRERA, 14928 SW 8 STREET MIAMI FLA 33194

MGR= MAYRA MARCANO, 14928 SW 8 STREET MIAMI FLA 33194

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JOSE ANTONIO CABRERA

Typed or printed name of signed