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| Special Instructions to | Filing Officer: | |
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Office Use Only

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EXAMINER



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COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: MARIA FERNANDA TENORIO LLC | | |
| (Name of Limited Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| MARIA FERNANDA TENORIO | | |
| (Name of Person) | | |
| MARIA FERNANDA TENORIO ,LLC | | |
| (Firm/Company) | | |
| 8361 NW 4 STREET | | |
| (Address) | | |
| PEMBROKE PINES FL 33024 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| MARIA FERNANDA TENORIO at 954 554-1741 | | |
| (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$125.00 Filing Fee \$\times Status \ Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) | | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| MARIA FERNANDA TENORIO ,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: Deire in al Office Address: | | The name of the Limited Liability Company is: | |
|--|----------------------|---|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | · | | |
| The mailing address and street address of the principal office of the Limited Liability Company is: | | (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | |
| The mailing address and street address of the principal office of the Limited Liability Company is: | | ARTICLE II - Address: | |
| Duinging Office Address. | iability Company is: | | |
| rincipal Office Address: <u>Maning Address:</u> | | Principal Office Address: Mailing Address: | |
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| PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 | 4 | | |
| 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 Limited Liability Company cannot serve as its own Registered Agent. You must designate an indi | |
| The name and the Florida street address of the registered agent are: MAFERTE INTERNATIONAL CORP | SEC OBC | • | |
| MAFERTE INTERNATIONAL CORP | ON OF | | |
| ٣٠ <u>٢٠</u> ټـــ (| | · · · · · · · · · · · · · · · · · · · | |
| 8361 NW 4 STREET Florida street address (P.O. Box NOT acceptable) | | | |
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| PEMBROKE PINES FL = 5 | – 5 | | |

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:

| <u>Title:</u> "MGR" = Manager "MGRM" = Manag | Name and Address: |
|--|---|
| MGR | MARIA FERNANDA TENORIO |
| | 8361 NW 4 STREET |
| | PEMBROKE PINES FL 33024 |
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| -N | |
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| | |
| (Use attachment if | ecessary) |
| | , if other than the date of filing: OCT-23-2008 (OPTIONAL) the date must be specific and cannot be more than five business days prior filing.) |
| <u>REQUIRED</u> SIGN | ATURE: |
| | Mariat Tenorito |
| Si | nature of a member or an authorized representative of a member. |
| of | accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) |
| , | Maria Fernanda Tenoria Typed or printed name of signee |
| | Typed of 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)