

**L080000103766**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000250406 3)))



H080002504063ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**L. SELLERS**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

NOV - 62008

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : T20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**EXAMINER**

RECEIVED  
08 NOV -5 PM 3:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**US BUSINESS LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
08 NOV -5 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/5/2008 2:07 PM

H08000250406

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

US Business 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:1560 SAWGRASS Corp. Pkwy  
SUNRISE FL 33323Mailing Address:2989 SW 163 AVE  
MIAMI FL 33027

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Arnaldo Castillo  
Name

3260 NW 112 Ave

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

Coral Springs FL 33065  
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

H08000250406

FILED  
08 NOV -5 AM 8:03  
TALLAHASSEE FLORIDA

H08000250406

**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:**MGRMPatricia E. Visto Nusch  
2989 SW 163 AV  
MILANAR FL 33027

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Patricia E. Visto Nusch  
Typed or printed name of signee**Filing Fee:**\$128.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H08000250406

STATE OF FLORIDA  
TALLAHASSEE

08 NOV -5 AM 8:03

FILED