

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.**

((H08000273030 3)))



H08000273030ABCK

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

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

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

2008 DEC 12 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

08 DEC 12 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LeNaRo LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. LUNT  
DEC 15 2008  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H08000273030

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**The name of the Limited Liability Company is: **LeNaRo 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:**1395 Brickell Avenue1395 Brickell AvenueMiami, FL 33131Miami, FL 33131

2008 DEC 12 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

Duncan LeeName1395 Brickell Avenue(P.O. Box or Mail Drop Box NOT Acceptable)Miami, FL 33131(City / State / 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 - Duncan Lee

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

H08000273030

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

**MGR**

**Duncan Lee - 1395 Brickell Avenue, Miami, FL 33131**

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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.)

**Duncan Lee**

Typed or printed name of signee

2008 DEC 12 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED