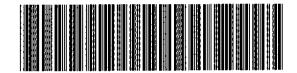
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

B. KOHR FEB 1 8 2009

EXAMINER



## **LAZARUS**

## CORPORATE FILING SERVICE

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

MIAMI, FL 33165 (305) 553	2-5973	Office Use Only
e engle seguence ( ) e engle seguence ( ) e en		Office Use Only f known):
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (i	f known):
1. U DESIGN (Corporation Name)	CARPET (Document #)	LLC Br
(**************************************	<b>(</b>	<i>t'</i>
2. (Corporation Name)	(Document #)	· .
3. (Corporation Name)	(Document #)	· .
4.		·
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00 pm	Certified Copy
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Reg Dissolution/Wi Merger	
OTHER FILINGS	REGISTRATION	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partne Reinstatement	rship
	Trademark Other	
		Examiner's Initials
CR2E031(7/97)		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MARINET COMMENTAL
ARTICLE I - Name: The name of the Limited Liability Company is:	OS FEB IF
U DESIGN CARPET  (Must end with the words "Limited Liability Compa	// C  ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	LORD TO
Principal Office Address: Maili	ng Address:
OPA-LOCKA BBOS4 FIA.	ame
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own Registered Agen business entity with an active Florida registration.)	
The name and the Florida street address of the registere	d agent are:

Name

1221 JANN AVE

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

Opa-Locky 33054L

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)

<u>Fitle:</u> <u>'MGR"</u> = Mana 'MGRM" = Mar	ger naging Member	Name and Address:
16Rm	<u>)</u>	HIRIZO LAZAYO 1221 JANN ANE ORA-LOCKA 33054 F/A.
		·.
4-t		· · · · · · · · · · · · · · · · · · ·
Use attachment	if necessary)	<del></del>
LE V: Effective fective date is li days after the d	date, if other than the sted, the date must blate of filing.)	date of filing: (OPTION e specific and cannot be more than five business d
	date, if other than the sted, the date must blate of filing.)	
LE V: Effective fective date is li days after the d	date, if other than the sted, the date must be late of filing.)  IGNATURE:  Signature of a member of this document constitute the facts stated in the state of th	e specific and cannot be more than five business described by the control of the
LE V: Effective fective date is lid days after the d	date, if other than the sted, the date must be late of filing.)  IGNATURE:  Signature of a member of this document constitute the facts stated in the state of th	e specific and cannot be more than five business defection of a member.  ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury