10900029059

(Requestor's Name)				
(Address)				
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SECRETARY OF STATE

M. THOMAS

MAR 2 5 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C				
SUBJI	ECT:	CAPPERA (Name of Limited)	TAIC.,	LLC	
		of Organization and fee(s) are sub	_		
Please	return all corres	spondence concerning this matter	to the following:		
	AM	PARO CAR	PREPA		
	CA	RRERA, I	rm/Company)	2	
		(Fi	rm/Company)		
	_/33	NE 2AV	(Address) UNIT	509	09 HA
	MIA	HIII, FLOR	1DA 33 /.	32	09 MAR 24 PH
For fur	rther information	n concerning this matter, please ca	dl:		PH 1:49
An	<i>IPARO</i> (Nan	carre of Person)	t (<u>786)</u> <u>278</u> (Area Code & Daytime Tel	3-3978 ephone Number)	ን
Enclos	sed is a check	for the following amount:			
_/			\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is end	us &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	s	



March 17, 2009

AMPARO CARRERA 133 NE 2 AVE, UNIT 509 MIAMI, FL 33132

SUBJECT: CARRERA, INC. LLC Ref. Number: W09000012582

We have received your document for CARRERA, INC. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00009073

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:	Mailing Address:	09 H
133 NE 2 AVE UNIT 509 MIAMI, FL 33/32	133 NE 2 AVE 509 MIAMI, FL 3313	R 24 P
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		FLOADA

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

Name

133 NE 2 AVE., UNIT 509

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

MIAMI FL 33 13 2

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 (REOUIRED)

(CONTINUED)
Page 1 of 2

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.)

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)