Lo9000300/2

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

Finom:

Addount Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CLASSY AND JASSY INTERNATIONAL LLC

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

C. LEWIS MAR 3 0 2009

EXAMINER

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Corporate Filing Menu

Help

ARTICLE I - Name: .

FAX NO. :3052201440

Mar. 27 2009 11:45AM P2

H09000072142

2009 MAR 27 AM 8: 01

SECRETARY OF STATE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(LASSY AND JAZZY (NTERNATIONAL LLC
(Must end with the words "Limited Liability Company, "LLC," 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:
	13255 S.W. 111 TEAR UNITZ
MIAMI, FC 33186	MIAMI, FC 33186
	,

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Linbility 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:

INE	5 hA	NDA	24		
	Nam	6	,		
13255	f.w.	///	TERL	UNITZ)
F	lorida street a			OT acceptable	٥)
MIAMI	, Te	FL	33/	86	
1	City, State				

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

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FROM : LAZARUS

FAX NO. :3052201440

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H09000072142

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

ember(s):
naging Member is as follows:
SECRETARY OF STATE

MER	INES LANDRY	
	13255 J.W. 111 TER	2. UNICO
90.		
· · · · · · · · · · · · · · · · · · ·		
(Use attachment if necessary)		··
OTEV. Affective data if other t	han the date of filing: $\frac{3}{37/2009}$	COPTIONA
effective date is listed, the date is days after the date of filing.)	must be specific and cannot be more than five	business day
A real among the research was well to		
• •	,	,

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 parjury

LANDRY

Typed or printed name of signee

Filing Fees:

\$125.00 PHing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

INES

- \$ 30.00 Certified Copy (Optional)
- \$ 5,00 Certificate of Status (Optional)

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