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

From:
Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305) 444-6226
Fax Number : (305) 442-4829

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

REUSE HANDMEDOWNS, LLC.

Certificate of Status	1
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M. THOMAS

MAY 15 2009

EXAMINED

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ARTICLES OF ORGANIZATIONOFREUSE HANDMEDOWNS, LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE INAME

The name of this Limited Liability Company is: REUSE HANDMEDOWNS, LLC.

ARTICLE IIGENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IIITERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is C/O NIURKA GOENAGA, 7306 COLLINS AVE # 135, MIAMI BEACH, FL 33141. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE VREGISTERED OFFICE, REGISTERED AGENT

That REUSE HANDMEDOWNS, LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

NIURKA GOENAGA of
C/O NIURKA GOENAGA, 7306 COLLINS AVE # 135, MIAMI BEACH, FL 33141.

14th WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this
th day of May, 2009.



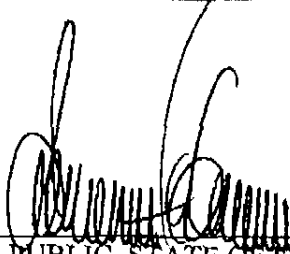
NIURKA GOENAGA

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, NIURKA GOENAGA, as sole Manager of REUSE HANDMEDOWNS, LLC, who is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 14th day of May, 2009.

NOTARY PUBLIC-STATE OF FLORIDA
Laura Kohn
Commission # DD770888
Expires: MAY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That REUSE HANDMEDOWNS, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Agent, of 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent



ADELAIDA FERNANDEZ-FRAGA
Director

Arazoza & Fernandez-Fraga, P.A.

Date: May 14, 2009

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