

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: LAXARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

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# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### MCR COMMERCE LLC

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

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JUN 1 1 2009

# H09000140333

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
MCR COMMERCE LLC (Must and 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:
13953 SW 66 ST 13953 SW 66-X 106-B  # 506-B  Miami FL 33183  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another:  business entity with an active Plorida registration.)
The name and the Florida street address of the registered agent are:    Property   Prope
Florida street address (P.O. Box NOT acceptable)  Minmi PL 33/83  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

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)
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FROM :LAZARUS į " ♣

# H09000140333

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MCRM	RICARDO F. DE 13953 SW 66419 MINDY FL 3383	ANOG-	8
MGRA	CARLA Rodrig		පි
MGRM	monica DE LAR 13913 TW 66185 MANIFE 331	A SECOND	
MGRY	MAY DE LA VE 13951 SW 45.49 miami Fi 33.	94 103 A	5 1
(Use attachment if necessary)		YOLV JE	

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ARDO F. DE LA

Typed or printed name of signee

Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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