Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000139968 3)))



H090001399683ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (S50)617 6383

From

Account Name

: DAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

(300)552 5973

Fax Number

: (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

2301 COLLINS AVE 442 L L C

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

D. BRUCE

JUN 1 1 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is:

H09000139968

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2,30 Collins AVE 42 (Must end with the words "Limited Linbili	. \$-,
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2301 Collins Ave 412	SANE
M. AH 1 BEACH - FE 33 139	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the r	
	FACIOLINGE SER 6
	Iress (P.O. Box NOT acceptable) ACH FUBBIS 9

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 (REQLURED)

(CONTINUED)

Page 1 of 2

H 0 9 0 0 0 1 3 9 9 6 8

H09000139968

<u>Title:</u> "MGR" = Manago "MGRM" = Mana		Name and Address:
MGR		ADOLFO RUDEN MATEUS
		MIANI BEACH FC 33139
		MIANI BEACH FC 33139
	_	
	<u> </u>	
	•	· · · · · · · · · · · · · · · · · · ·
		the state of the s
(Use attachment i	f necessary)	**************************************
(Use attachment i	• •	
LEV: Effective d	late, if other than the	e date of filing:
LEV: Effective d	late, if other than the ed, the date must b	e date of filing:
LE V: Effective of ffective date is list	late, if other than the ed, the date must b	
LE V: Effective of ffective date is list	late, if other than the ed, the date must b te of filing.)	be specific and cannot be more than five business days prior
LE V: Effective of ffective date is list days after the da	late, if other than the ed, the date must b te of filing.)	be specific and cannot be more than five business days prior
LE V: Effective of ffective date is list days after the da	late, if other than the ed, the date must be te of filling.)	be specific and cannot be more than five business days prior
LE V: Effective of ffective date is list days after the da	late, if other than the ed, the date must be te of filling.) NATURE: Signature of a member	

Filing Foor:

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

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

H 0 9 0 0 0 1 3 9 9 6 8