

Division of Corporations Public Access System

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(((H09000140289 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

perpetuo socorro, lle

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6/10/2009

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EMPIRE CORP KIT

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lo: Estrella Diaz



June 11, 2009

FLORIDA DEPARTMENT OF STATE

EMPIRE CORPORATE KIT COMPANY

Division of Corporations

SUBJECT: PERPETUO SOCORRO, LLC

REF: W09000027407

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H09000140289 Letter Number: 809A00019712

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9 JUNII PH 3: 11

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H09000140289

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Perpe (Mus	tuo. So Cox and with the words "Limited Liabil	ity Company, "L.L.C.," or "ELC.")		
ARTICLE II - Add The mailing address		incipal office of the Limited	Liability Comp	any is:
9400 So. V	sadeland Blud	Mailing Address: Some		
ARTICLE III - Report Limited Liability Continues and the with an action with a	npany connocrative as its own Regist	Office, & Registered Agen ered Agent, You must designate an in	LL Signature:	3 TI
The name and the F	orida street address of the r Robert T Name 9400 So Da	egistered agent are: ARAboulos deland Blvd #	OF STATE E FLORIDA	AH 8: 42
Havina bean yanna	Miani City, State, a	ress (P.O. Box NOT acceptable) FL 3815 (a) and Zip accept service of process for the	ha ahmus alatad	limitad

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

H09000140289

ARTICLE I - Name:

The name of the Limited Liability Company is:

H09000140289

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 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: inorized correctative of a member. (In accordance with section 608.468(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 sign Filiaz 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) to 9000140289 Page 2 of 2