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C. LEWIS

JUL 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		• •	
SUBJECT: LARRIEUX CLA	ude Cham	PAGNE, LLC.	· · · · · · · · · · · · · · · · · · ·
	ame of Limited Liability		
The enclosed Articles of Organization ar	nd fee(s) are submitted	for filing.	
Please return all correspondence concern	ing this matter to the fo	ollowing:	
Gracien Serg	e CHampao	me	
	Name of P	erson	
LARRIEUX CI	aude Champ	Pagne LLC.	
_	runvcom	pany	
7470 NW 47		·	M
1	Addres	S	
<u>LAUDERHILL</u>	HORIDA City/State and	33319 7in Code	
Beatcarasia	Vahaa Cam	nual report notification)	
For further information concerning this n		nual report nouncation)	
.	•		
Gracien Serge Champag	<u>րը</u> at (<u> 9</u> A	54) 471-00 rea Code & Daytime Teleph	
Enclosed is a check for the following	amount:		
\$125.00 Filing Fee \$\infty\$130.00 Fili Certificate o	f Status Certif	ned Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr		treet/Courier Address	
Registration Se Division of Co	rporations D	egistration Section vivision of Corporations	
P.O. Box 6327 Tallahassee, F	L 32314 20	lifton Building 661 Executive Center Cir	cle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AGNE, LLC.
ry Company," "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
7470 NW 422 STREET LANDERHILL FL. 35319
Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
egistered agent are:
namegne TALLAHASS
FL 33068 Grant State Control of the state o
ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows 7009 JUL -6 PM 1: 23

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGR	Gracien Serge CHAMPAGNE 970 SW. 81JT TEAL NORTH LANDERDALE, FL. 88068
MGRM	Lionel Claude 7470 NW. 42nd Street LAUDERHILL, FL 33319
MGRM	LARRIEUX ROTHCHILD 3851 NW. 5TH CT FL LAUDERDALE, FL. 33311
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member of	or an authorized representative of a member.
of this document constituent that the facts stated herei	
GRACIEN SERVI Type Filling Fees:	ed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)