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(Requ	estor's Name)			
(Address)				
(Addre	ess)			
(City/S	State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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C. LEWIS AUG 2 1 2009

EXAMINER

COVER LETTER

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Registration Section
Division of Corporations

SUBJECT:	DE FREITA	S INTERNATIONAL, LLC
	Name of Limi	ted Liability Company
The enclosed Article	es of Organization and fee(s) are	submitted for filing.
Please return all corr	espondence concerning this mat	tter to the following:
	L	AURIE WEIL
		Name of Person
	DE FREITA	S INTERNATIONAL, LLC
		Firm/Company
	238 P/	ALERMO AVENUE
		Address
	CORAL	. GABLES, FL 33134
	Ci	ty/State and Zip Code
	LWEIL	_@REDBRIDGE.CC for future annual report notification)
For further informati	on concerning this matter, pleas	,
	AURIE WEIL me of Person	at (786) 863-1909 Area Code & Daytime Telephone Number
Enclosed is a check	s for the following amount:	
]\$125.00 Filing Fe	e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DE FREITAS INTERN (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8462 NW 114TH COURT DORAL, FL 33178	8462 NW 114TH COURT DORAL, FL 3317
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
LAURIE	WEIL 7.0 B
Name	D AVENUE Box NOT acceptable) FL nd Zip
238 PALERMO	DAVENUE SE S
Florida street address (P.O. Box NOT acceptable)	
CORAL GABLES, 33134	EL STEEL
City, State, ar	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signate	are (kEQUIKED)

(CONTINUED)

Page 1 of 2

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

FILED

The name and address of each Manager or Managing Member is as follows:

2009 AUG 20 AM 11: 20

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM	AGUSTIN DE FREITAS 8462 NW 114TH COURT DORAL, FL 33178	
MGRM	KATIA VERA 8462 NW 114TH COURT DORAL, FL 33178	
(Use attachment if necessary)		
LEV: Effective date if other than the	e date of filing. AUGUST 15, 200	09 (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 15, 2009 (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.)

AGUSTIN DE FREITAS

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)