LD9000083942

(Re	equestor's Name)	<u> </u>
(Ad	dress)	
(Ad	idress)	,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
	,	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

SEP - 2 2009

EXAMINER

COVER LETTER

	gistration Section vision of Corporations		,
SUBJECT		ERASMUS LLC.	
NO DO LO 1		Limited Liability Company	
The enclose	d Articles of Organization and fee(s	e) are submitted for filing.	
· Please retur	n all correspondence concerning this	s matter to the following:	
· .		JOSUE LOPEZ	,
<u> </u>		Name of Person	
		ERASMUS LLC.	A PLANT
		Firm/Company	E CO
	10	000 NE 12 AVE # 106	SSE
		Address	700 F.
	НА	LLANDALE, FL, 33009	00.7
		City/State and Zip Code	
	JOSUE	ELOPEZQ@HOTMAIL.COM	A Company of the Comp
	E-mail address: (to be	used for future annual report notification)	
For further	information concerning this matter,	please call:	·
	JOSUE LOPEZ		884834
	Name of Person	Area Code & Daytime Tele	phone Number
Enclosed i	s a check for the following amoun	nt:	
✓ \$125.00 F	iling Fee \$130.00 Filing Fee Certificate of Statu		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nan The name of the Li	ne: mited Liability Compa	ny is:	
(Ми		MUS LLC. d Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres		the principal office of the Limited Liability Company is:	
Principal Office Address: 1000 NE 12 AVE # 106 HALLANDALE, FL, 33009		Mailing Address:	
		1000 NE 12 AVE # 106 HALLANDALE, FL, 33009	
The Limited Liability Co business entity with an a	empany cannot serve as its ow ctive Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:	
,		SUE LOPEZ	
		Name	
	1000 NE	E 12 AVE # 106 至 5 里	
	Florida street addres	ss (P.O. Box NOT acceptable)	
HALLANDALE,FL,33009		33009 FI , FI G	
		State, and Zip	
liability compar registered agent an statutes relating t	ny at the place designate ad agree to act in this co o the proper and compl	nd to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>		Name and Address:	•
"MGR" = Manager			
"MGRM" = Manag	ing Member		•
MANAGING MEN	MBER	JOSUE LOPEZ	
		1000 NE 12 AVE # 106	
		HALLANDALE, FL, 33009	
MANAGING MEN	MBER	JOHANNES KLEIJN	
	•	1000 NE 12 AVE # 106	-
		HALLANDALE, FL, 33009	
•			
	•		
			
	•		
(Use attachment if a	necessary)		
ICLE V. Effective det	a if other than the da	te of filing: (OPTIONAL)
effective date is listed	l. the date must be s	pecific and cannot be more than five bu	siness days prior
90 days after the date			and any a picon
DEALUDED CICA	LA TOTAL LINES.		
REQUIRED SIGN	IATURE: (/	
	\ /	ONE TOpez	
Si	gnature of a member o	r an authorized representative of a member.	
(I	n accordance with section	on 608.408(3), Florida Statutes, the execution	
o ti	of this document constitu- nat the facts stated herein	tes an affirmation under the penalties of perjury are true.)	•
	1	1 -	•
	1000	ic last?	
_	<u> </u>	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)