

Division of Corporations

Page 1 of 1

**L02000095269**Florida Department of State  
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.

(((H09000212459 3)))



H090002124593ABC%

**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 : (850) 617-6353

From:

Account Name : FERNANDEZ, PETR & ASSOCIATES  
Account Number : 110514003576  
Phone : (305) 819-1942  
Fax Number : (305) 819-1940

09 OCT -2 PM 1:08

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

SAMONELLE 2, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

09 OCT -2 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

OCT - 5 2009

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**Article I**

The name of the Limited Liability Company is:

SAMONELLE 2, LLC

**Article II**

The street address of the Limited Liability Company is:

7300 SW 77<sup>th</sup> AVENUE

MIAMI, FL 33134

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and street address of the registered agent is:

Peter Z. Petr

5785-B NW 151<sup>st</sup> STREET

MIAMI LAKES, FL 33014

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 OCT -2 PM 1:08

the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: Peter Z. Petr  
Peter Z. Petr

**Article V**

The name and address of managing members/mangers are:

Title: MCMBR

FIRMO SALVADOR

7300 SW 77<sup>TH</sup> AVENUE

MIAMI, FL 33143

Title: MCMBR

ELSA SALVADOR

7300 SW 77<sup>TH</sup> AVENUE

Signature of member or an authorized representative of a member,

Signature: Peter Z. Petr

Attorney-in-fact for Firmo Salvador – Peter Z. Petr