

**L090000098211**

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.

((H09000217381 3)))



H090002173813ABC+

**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) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

RECEIVED  
09 OCT -9 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LOMA HUERTA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED  
09 OCT -9 AM 10:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**T. HAMPTON**

OCT 12 2009

**EXAMINER**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:  
**LOMA HUERTA, LLC**

---

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
914 BAYAMO AVENUE  
CORAL GABLES, FL 33146

Mailing Address:  
SAME

**ARTICLE III- Manager(s) or Managing Member(s):**

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

Title  
MGRM

Name and Address:  
LORETO URQUIZA DE DOUCET  
914 BAYAMO AVENUE  
CORAL GABLES, FL 33146

MGRM

MARIA DE LOURDES DIBILDOX  
914 BAYAMO AVENUE  
CORAL GABLES, FL 33146

FILED  
09 OCT -9 AM 10:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Joseph F. Cabanas ~ Cabanas & Associates

Name

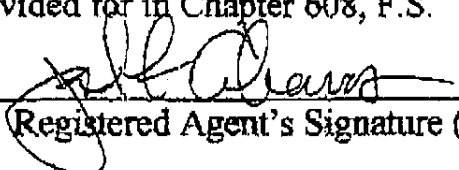
10520 NW 26 Street – Suite C201

Florida Street Address

Doral, FL 33172

City, State and Zip Code

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)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

SIGNATURE:

  
Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

MARIA DE LOURDES DIBILDOX

Type or print name of signee

FILED  
09 OCT -9 AM 10:20  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS