

**LO900003066**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA/FOREIGN LIMITED LIABILITY COMPANY

HARUKA LLC

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

D. BRUCE

OCT 27 2009

EXAMINER

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TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

HARUKA LLC

**ARTICLE II – Address:**

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

**Principal Office Address:****Mailing Address:**

9700 SW 112 STREET

9700 SW 112 STREET

MIAMI, FLORIDA 33176

MIAMI, FLORIDA 33176

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

SHUKO TORRES

Name

9700 SW 112 STREET

Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33176

City, State, and Zip

*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 606, Florida Statutes.*



Registered Agent's Signature

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**ARTICLE IV – Manager(s) or Managing Member(s):**

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SHUKO TORRES

9700 SW 112 STREET

MIAMI, FL 33176

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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 document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHUKO TORRES

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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