

L09000108259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

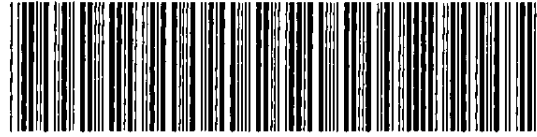
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/10/09--01016--021 \*\*155.00

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09 NOV 10 AM 11:06  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 10 PM 12:47

B. KOHR

NOV 10 2009

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED STATE  
SECRETARY OF CORPORATIONS  
09 NOV 10 PH12:47

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. UN PAJARITO ME DISO LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time 2.00       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

#### NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

#### AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

#### OTHER FILINGS

- Annual Report
- Fictitious Name

#### REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

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

**ARTICLE I –Name:**

The name of the Limited Liability Company is:

Un Pajarito me dijo LLC

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

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**ARTICLE II – Address:**

**Principal Office Address:**

**Mailing Address:**

420 Lincoln Road, Suite 375

420 Lincoln Road, Suite 375

Miami Beach, FL 33139

Miami Beach, FL 33139

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business with an active Florida registration.)

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

Maricela Marulanda

Name

420 Lincoln Road, Suite 375

Florida street address (P.O Box NOT acceptable)

Miami Beach, FL 33139

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 608, F.S.

Maricela Marulanda  
Registered Agent Signature (REQUIRED)

**ARTICLE IV- manager (s) or Managing Members(s):**

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

**Title:**

"MGR"= Manager

"MGRM"= Managing Member

**Name and Address:**

MGRM

Maricela Marulanda

420 Lincoln Road, Suite 375

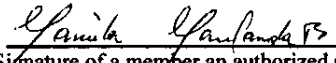
Miami Beach, FL 33139

**(Use Attachment if necessary)**

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member 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.)

\_\_\_\_\_  
Typed or printed name of signed

**Filing Fees:**

\$ 125.00 Filing for Articles of Organization and Designation  
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)