L09000116015

Florida Department of State
Division of Corporations
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L. SELLERS
DEC -7 2009
EXAMINER

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

san ignacio, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

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TALLAHASSEE FLORIDA

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December 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: SAN LORENZO, LLC
REF: W09000052846

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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Leslie Sellers
Regulatory Specialist II

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TALLAHASSEE FLORIDA

H09000261568

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

San Ignacio, L.L.C.
(Must end with the words "Limited Liability Company," "L.L.C." or "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:
9400 S. Dadeland Blvd	c/o Robert Taraboulos
Suite 601	9400 S. Dadeland Blvd
Miami Florida 33156	Suite 601
	Miami, Florida 33156

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 entity with an active Florida registration.)

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

Robert TARAboulos
Name

9400 S. Dadeland Blvd #601
Florida street address (P.O. Box NOT acceptable)

Miami FL 33156
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..

Robert Taraboulos
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:
MGR Manuel Rodriguez	Manuel Rodriguez c/o Robert Taraboulos 9400 S.Dadeland Blvd, Suite 601 Miami,Florida 33156
MGRM Secundina Freitas	Secundina Freitas Rodriguez Same as above

(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 or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of member or an authorized representative of a member.

(In accordance with section 608.4101(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Manuel Rodriguez
Typed 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)

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