(Requestor's Name)			
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JAN 22 2010

EXAMINER



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01/21/10--01038--005 **125.00

COVER LETTER

	stration Section sion of Corporations
SUBJECT:	DEJA VU ASSOCIATES LIMITED, LLC
-	Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
	DIANE NOBILE, ESQ. Name of Person
	Name of Person
	NOBILE LAW FIRM, P.A.
	Firm/Company .
	777 BRICKELL AVENUE, SUITE 1114
	Address
	MIAMI, FLORIDA 33131
	City/State and Zip Code
	diane@dnobilelaw.com E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Name of Person at (305) 577-0000 Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
√ \$125.00 Fil	ing Fee \$\bigsquare\$\$\\$130.00\$ Filing Fee & \$\bigsquare\$\$\$\\$\$\$\\$\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\\$\$\
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DEJA VU ASSOCIAT	TES LIMITED, LLC ability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
SEE ATTACHED SHEET	SEE ATTACHED SHEET	
777 BRICKELL AV Florida street address (P MIAMI, FL 33131 City, State	gistered Agent. You must designate an individual control of the registered agent are: OBILE, ESQ. The registered agent are:	SECRETARY OF STATE DIVISION OF CORPORATION 10 JAN 21 AH II: 50
Having been named as registered agent and liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the city. I further agree to comply with performance of my duties, and I and egistered agent as provided for in C	e appointment as the provisions of all n familiar with and

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	SEE ATTACHED SHEET
	
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with second this document constituted the facts stated here.)	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)
	DIANE NOBILE, ESQ.
Ty Filing Fees:	ped or printed name of signee
6135 00 EW D C A 44 A 60	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLE II - Address:

. . . .

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

Principal Office Address:

Mailing Address:

AKARA BUILDING 24 DE CASTRO STREET WICKHAMS CAY I ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS VG 1110

MOSSACK FONSECA & CO. (B.V.I.) LTD. MOSSACK FONSECA & CO. (B.V.I.) LTD. AKARA BUILDING 24 DE CASTRO STREET WICKHAMS CAY I ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS **VGIII0**

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

MGR

DEJA VU ASSOCIATES LIMITED AKARA BUILDING 24 DE CASTRO STREET WICKHAMS CAY I ROAD TOWN, TORTOLA BRITISH VIRGIN ISLANDS VGmo