

# L10000020898

## Electronic Filing Cover Sheet

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## To:

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

## From:

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.  
CABRALES INVESTMENTS, LLC.**

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

**D. BRUCE**

FEB 24 2010

**EXAMINER**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I- Name:**

The name of the Limited Liability Company is:  
**CABRALES INVESTMENTS, LLC.**

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(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:

5533 GREEN MEADOWS COURT  
TALLAHASSEE, FL 32303

Mailing Address:

5533 GREEN MEADOWS COURT  
TALLAHASSEE, FL 32303

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

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

<u>Title</u>	<u>Name and Address:</u>
MANAGING MEMBER	JOSE M. VIGIL-GONZALEZ 5533 GREEN MEADOWS COURT TALLAHASSEE, FL 32303
MANAGING MEMBER	CONSUELO A. MORENO DE VIGIL 5533 GREEN MEADOWS COURT TALLAHASSEE, FL 32303
MANAGING MEMBER	MAYRA C. VIGIL-MORENO 5533 GREEN MEADOWS COURT TALLAHASSEE, FL 32303

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## ARTICLE IV – Registered Agent, Registered Office &amp; 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

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TALLAHASSEE, FLORIDA

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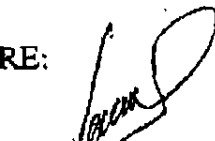
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Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. 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)

Jose M. Vigil

Type or print name of signee