

FAX AUDIT NO. H10000044616 3

**L10000044616 3**

Florida Department of State  
Division of Corporations  
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(((H10000044616 3)))



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To:

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

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

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

Email Address: m-freeman@freemanmiami.com

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2010 FEB 26 AM 0:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## CAELNI LLC

Certificate of Status	1
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Estimated Charge	\$160.00

C. LEWIS

MAR 1 2010

EXAMINER

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CAELNI LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:** 12151 S. Dixie Highway **Mailing Address:** 12151 S. Dixie Highway  
Pinecrest, FL 33156 Pinecrest, FL 33156

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

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

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

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.

Michael J. Freeman, President  
Registered Agent's Signature  
(Michael J. Freeman, President)

**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  
(President)

Emmanuel R. Perin  
12151 S. Dixie Highway  
Pinecrest, FL 33156

MGR  
(Vice President & Secretary)

Carole L. Hakoun  
12151 S. Dixie Highway  
Pinecrest, FL 33156

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REQUIRED SIGNATURE:

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Signature of a member or 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.)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CAROLE HAKOUN

Type or print name of signee

Filing Fees:

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

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)