

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000058915 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017

: (305)485-9300

Fax Number

: (305)485-1098

he email address for this business entity to be used for ual report mailings. Enter only one email address pleas

Email Address:

FLORIDA LIMITED LIABILITY CO. LUICLA, LLC.

Certificate of Status		
Certified Copy	0	
Page Count	04	
Estimated Charge	G \$130:00 H	·
<u> </u>		UII.

MAR 1 7 2010

EXAMINER

H100000 589153

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

LUICLA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

LUICLA, LLC.

ARTICLE II - ADDRESS

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

3029 NE 188 ST # 317 AVENTURA, FL. 33180

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

LUISANA NASSIF IDSARDI

3029 NE 188 ST # 317
Florida street address (P.O.BOX NOT acceptable)

AVENTURA, FL. 33180 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 H1 00000 589153.

10 MAR 15 AMII: 10

H,00000 589153.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUISANA NASSIF IDSARDI 3029 NE 188 ST # 317 AVENTURA, FL. 33180

MANAGER

CLAUDIA NASSIF 3029 NE 188 ST # 317 AVENTURA, FL. 33180

MANAGER

(An additional article must be added if an effective date is requested)

Signature of a member of 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.)

LUISANA NASSIF IDSARDI

Typed or printed name of signee

H100000589153.