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(Re	questor's Name)	
(Ad	dress)	
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(Čit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	·
Certified Copies		of Status
Special instructions to	Filina Officer:	
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Office Use Only



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JECRETARY OF STATE

J. BRYAN

MAR 2 9 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: EYMARD EQUITY LLC
	Name of Limited Liability Company
The e	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Alain Eymard
	Name of Person EYMARD EQUITY LLC Firm/Company 2650 Biscayne Blvd. Address
	EYMARD EQUITY LLC
	Firm/Company
	2650 Biscayne Blvd.
	Address SEE
	Miami FL 33137
	City/State and Zip Code
	lattes@comcast.net E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Jean Claude Lattes at (305)640 8019
	Name of Person Area Code & Daytime Telephone Number
Enclo	ed is a check for the following amount:
□\$125	00 Filing Fee Scrifficate of Status S

Mailing Address
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
EYMARD E	QUITY LLC
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	FLOOR STA
The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2650 Biscayne Blvd.	2650 Biscayne Blvd.
Miami FL 33137	Miami FL 33137
business entity with an active Florida registration.) The name and the Florida street address of the Denn Nan	is Bedard
1717 N P	Bayshore Dr. suite 215
	address (P.O. Box NOT acceptable)
Miami FL 33 ⁻	132 _{FL}
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
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Title:		Name and Address:
"MGR" = Manager		
"MGRM" = Managing	Member	
		Ţ
MGRM		Alain Eymard
		2650 Biscayne Blvd.
		Miami FL 33137
(Use attachment if nec	essary)	
(Use attachment if nec LE V: Effective date, if fective date is listed, to days after the date of	f other than the	date of filing: (OPTION e specific and cannot be more than five business d
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ELE V: Effective date, iffective date is listed, the days after the date of REQUIRED SIGNAT Signation of the date of the date.	f other than the ne date must be filing.) FURE: ture of a member ecordance with secondariance	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury
LE V: Effective date, iffective date is listed, the days after the date of REQUIRED SIGNAT Signation of the date of the date.	f other than the ne date must be filing.) FURE: ture of a member secondance with secondance with secondance stated her	r or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)