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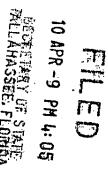
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	· · · •
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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D. BRUCE APR 12 2010 EXAMINER

COVER LETTER

TO:

TO: Registration S Division of Co					
SUBJECT: Caribbe	ean 402 LLC	ed Liability Comp			
	(Name of Linin	ed Liability Comp	any		
The enclosed Articles of	of Organization and fee(s) are	submitted for filin	ıg.		
Please return all corresp	pondence concerning this mat	ter to the following	g:		
Richard M. M	logerman, Esq.				
		Name of Person			
Richard M. M	logerman, P.A.				
		Firm/Company			
8211 West B	roward Boulevard, Suite	200			
		Address			<u> </u>
Plantation, Fl					
	Ci	ty/State and Zip Coo	ie		theme. I
markmog@b					
	E-mail address: (to be used	for future annual rep	ort notification	n)	And A
For further information	concerning this matter, pleas	e call:			APR-9 PH
Richard M. Mogerr	nan	at (954	₁ 475-717	71	
Name	of Person		le & Daytime	Telephone Number	Si +
Enclosed is a check f	or the following amount:				PM 4: 05
□\$125.00 Filing Fee	2\$130.00 Filing Fee & Certificate of Status	U\$155.00 Fili Certified Co (additional co)	_	Certified C	of Status &
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addration Section of Corporation Building secutive Centers FL 3230	ions er Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Caribbean 40		Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -		
The mailing add	dress and street address	ss of the principal office of the Limited Liability Company is
Principal Offic	e Address:	Mailing Address:
318 Indian Trace		318 Indian Trace
#297		#297
Weston, Florida 33326		Weston, Florida 33326
	ty Company cannot serve as an active Florida registration	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another n.)
business entity with	an active Florida registration	its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are:
business entity with	an active Florida registration he Florida street addre	its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are:
business entity with	he Florida street addre	ess of the registered agent are: Perman, P.A. Name vard Boulevard, Suite 200
business entity with	he Florida street address Richard M. Moge	ess of the registered agent are: Perman, P.A. Name vard Boulevard, Suite 200
business entity with	he Florida street address Richard M. Moge	ess of the registered agent are: Perman, P.A. Name vard Boulevard, Suite 200
business entity with	he Florida street address Richard M. Moge 8211 West Brov Florida	ess of the registered agent are: erman, P.A. Name vard Boulevard, Suite 200 da street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRE)

(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:

GRM" = Managing Member	Michel Tiphaine
•	F. Alcorta 3051 Edificio Grand Bourg 4 8036128
RM	Viviana Koffman
	F. Alcorta 3051 Edificio Grand Bourg 4 8036128
e attachment if necessary)	
V: Effective date, if other than the	date of filing: (OPTIONAL)
ive date is listed, the date must b is after the date of filing.)	e specific and cannot be more than five business days p
\sim	
OUIRED SIGNATURE:	Λ.
hLXX	ASTA 5
-11-0	er or an authorized representative of a member.
Sighature of a membe	\$2.4
(In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of periury

Filing Fees:

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

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