Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : EXPRESS CORPORATE FILING SERVI

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

Email Address:

FLORIDA LIMITED LIABILITY CO. L L V ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT

APR 16 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LI	ABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is		
LLV ENTERPRISE, LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC	3.")
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	rincipal office of the Lim	
7392 SW 158 AVENUE	7332 SW 158 AVENUE	2010 API
MIAMI, FL 33193	MIAMI, FL 33193	
		S. 2
ARTICLE III - Registered Agent, Registered	Office, & Registored A	Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	tered Agent. You must designate	an individual of anothe
·		95
The name and the Florida street address of the r	egistered agent are:	

ne Florida street address of the registered agent are:

LUIS PENIEL VASQUEZ

7332 SW 158 AVENUE

Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33193

City, State, and Zip

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.

Signature/Registered Agent

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGR	HIO DONEL MACOUST	72 Z0
	LUIS PENIEL VASQUEZ	200 SEC
	7332 SW 158 AVENUE	
	MAMI, PL 33183	
MGR	LAURA CRISTINA ZAPATA	SE S
•	18128 SW 3RD STREET	A
•	PEMBROKE PINES, FL 33029	
		24 6
(Lies attendement if necessary)		
(Use attachment if necessary)		
CT D V. F. F. C. don Jan 15 at an about the	an day affilia.	(CODTICNIAL)
CLE V: Effective date, if other than the	le date of ming,	(OF HONAL)
effective date is listed, the date must	be specific and cannot be more than	n nive dusiness days
0 days after the date of filing.)		
<u>REQUIRED</u> SIGNATURE:		

(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.)

LUIS PENIEL VASQUEZ

Typed or printed name of signee

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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