L1000049386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
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EXAMINER

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SECRETARY OF STATE

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time _ Mail out Certificate of Status Will wait Photocopy NEW FILINGS **AMENDMENTS** Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger REGISTRATION/QUALIFICATION OTHER FILINGS Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COS

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The name of the Limited Liability Company is:

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(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
1119 Hardee Road	1119 Hardee Road		
Coral Gables, Florida 33146	Coral Gables, Florida 33146		
	ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:		

Jose Remy	
	Name
1119 Hardee Road	<u> </u>
Florida st	reet address (P.O. Box NOT acceptable)
Coral Gables	_{FL} 33146
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.

Registered Agent's Signature (REQUIRED)

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 "MGRM" = Managin	Name and Address: g Member
	See attached Schedule
	
(Use attachment if ne	cessary)
ICLE V: Effective date, a effective date is listed, 90 days after the date o	if other than the date of filing: May 4, 2010 . (OPTIONAL) the date must be specific and cannot be more than five business days p filing.)
REQUIRED SIGNA	TURE:
	AP
Sigr	nature of a member or an authorized representative of a member.
of t	accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury hat the facts stated herein are true.)
	José F. Remy Typed or printed name of signee
	Typed or printed name of signee

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Mnanger or Managing Member is as follows:

Title:	Name and Address:
MGRM	Jose Remy 1119 Hardee Road Coral Gables, Florida 33146
MGR	Francisco Recio 1115 Hardee Road Coral Gables, Florida 33146
MGR	Carmen Lacayo 7700 S.W. 52 Court Miami, Florida 33143
MGR	Miguel G. Murciano 13436 S.W. 136 Terrace Miami, Florida 33186
MGR	Gaston O Lacayo III 2930 N. Paulina Street Chicago, IL 60657