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 SERVICE INC.

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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. HERMANAS LANUZA, LLC

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

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

5/24/2010

ARTICLE I - Nam The name of the Lin		ompany is:
HERMANAS LA	NUZA, LLC	
(Mu:	st end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Add	dress:	
The mailing address	s and street addres	ss of the principal office of the Limited Liability Company is:
Principal Office A	ddress:	Mailing Address:
185 SW 14th TER		185 SW 14th TER
APT: 903		APT: 903
MIAMI, FL 33131		MIAM!, FL 33131
	mpany cannot serve as i	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another it.)
business entity with an ac	lorida street addre	ess of the registered agent are:
business entity with an ac		ess of the registered agent are:
business entity with an ac	lorida street addre CARLOS CATAN 185 SW 14th TE	ess of the registered agent are: NIA Name R APT: 903
business entity with an ac	lorida street addre CARLOS CATAN 185 SW 14th TE	ess of the registered agent are: NIA Name
business entity with an actification of the Figure 1.	lorida street addre CARLOS CATAN 185 SW 14th TE	ess of the registered agent are: NIA Name R APT: 903

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)

(CONTINUED)
Page 1 of 2

10 MAY 24 AM 7: 50

SKONTA ANGES STATE

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	ember
MGRM	CARLOS CATANIA
	185 SW 14th TER APT 903
	MIAMI, FL 33131
MGRM	MARIA ESTHER LANUZA
	185 SW 14th TER APT 903
	MIAMI, FL 33131
MGRM	MARGARETH GABRIELA LANUZA
	185 SW 14th TER APT 803
	MIAMI, FL 33131
	ner than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days p
90 days after the date of filin	g.)
REQUIRED SIGNATUR	IE:
Signature	of a member or an authorized representative of a member.
Ţ	ence with section 608.408(3), Florida Statutes, the execution
of this doc	ument constitutes an affirmation under the penalties of perjury cts stated herein are true.)
of this doc that the fu	ument constitutes an affirmation under the penalties of perjury cts stated herein are true.) STHER LANUZA
of this doc that the fu	ument constitutes an affirmation under the penalties of perjury cts stated herein are true.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)