

L100000 59671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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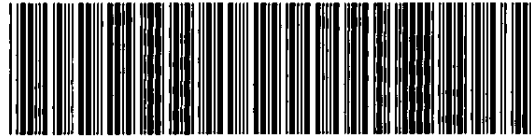
(Business Entity Name)

(Document Number)

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10 JUN -2 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JUN 04 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2010

WILFREDO DIAZ
8120 NW 156 TERRACE
MIAMI LAKES, FL 33016

SUBJECT: CUBA VIDA LLC
Ref. Number: W10000025508

We have received your document for CUBA VIDA LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 010A00013230

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUBA VIDA LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

8120 NW 156 terr
Miami LAKES FL.
33016

Mailing Address:

8120 NW 156 terr
Miami LAKES FL.
33016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILFREDO DIAZ

Name

8120 NW 156 terr.

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

Miami Lakes FL 33016

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

WILFREDO DIAZ
8120 NW 156 terrace
MIAMI LAKES FL 33016

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CLERK OF DISTRICT COURT
MIAMI FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/20/2010. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

WILFREDO DIAZ
Typed or printed name of signee

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)