

L16000063253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

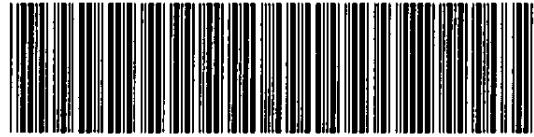
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:05

B. KOHR

JUN 15 2010

EXAMINER

CHRISTOPHER P. KELLEY, P.A.

ATTORNEY AT LAW
11098 BISCAYNE BOULEVARD
SUITE 205
MIAMI, FLORIDA 33161

TELEPHONE (305) 893-6004
FACSIMILE (305) 893-7666

EMAIL ADDRESS
CPKLAW@BELLSOUTH.NET

June 10, 2010

10 JUN 14 11:10 AM
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: EUROPE IN BUENA VISTA, LLC
(Proposed Limited Liability Company name)

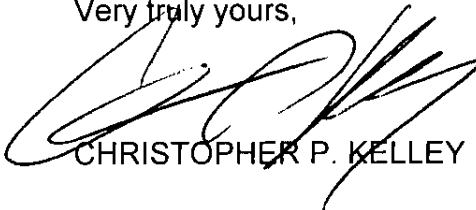
Dear Sir or Madam:

Enclosed is one (1) original and one (1) copy of Articles of Organization for **EUROPE IN BUENA VISTA, LLC**, with my check in the amount of **\$160.00** for filing same, including:

\$100.00	Filing fee for Articles of Organization and Affidavit.
\$ 25.00	Designation of Registered Agent
\$ 5.00	Certificate of Status
\$ 30.00	Certified copy of Articles

I understand a letter of acknowledgment will be issued free of charge.

Very truly yours,



CHRISTOPHER P. KELLEY

CPK:rd
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

EUROPE IN BUENA VISTA, LLC

**ARTICLE II
ADDRESS**

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

The mailing address is: 44 East 67 Street, Apt. 7E
New York, NY 10065

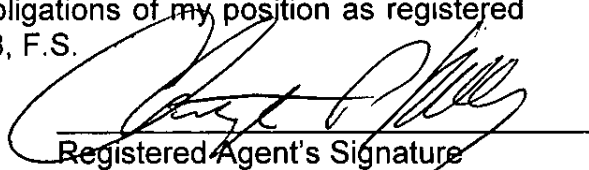
The principal office address is: 44 East 67 Street, Apt. 7E
New York, NY 10065

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida address of the Registered Agent are:

CHRISTOPHER P. KELLEY
11098 Biscayne Boulevard, Suite 205
Miami, Florida 33161

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 14 AM 10:03

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

CHRISTOPH KAMPS

44 East 67 Street, Apt. 7E

New York, NY 10065

MGR

GABRIELE KAMPS

44 East 67 Street, Apt. 7E

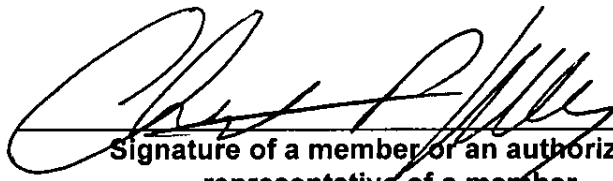
New York, NY 10065

ARTICLE V
EFFECTIVE DATE
(Optional)

Effective date, if other than the date of filing: _____

(If an effective date is listed, the date must be specific and cannot be more than five [5] 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 are true.)

CHRISTOPHER P. KELLY

Typed or printed name of signee