

Villar				
— 471 NE 25"St #502 — — Miami, FL 33137 —				
_ Mami, M 33/37 _				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
ertified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

AUG - 9 2010

**EXAMINER** 



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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 26, 2010

**VILLAR** 471 NE 25TH ST 502 MIAMI, FL 33137

SUBJECT: LLC

Ref. Number: W10000034848

We have received your document for LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the name of the business to be registered.,

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) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 010A00017989

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:			
LLC Fresh Cr (Must end with the words "Li	eative Solutions mited Liability Company, "L.L.C.," or "LLC.")	LL	2	
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Lia	ability Co	ompa	ny is:
Principal Office Address:	<b>Mailing Address:</b>			
471 NE 25th Street, #502	471 NE 25th Street, #502			
Miami, FL 33137	Miami, FL 33137			
The name and the Florida street address of the registered agent are:  R Suarez Design Corp.  Name  346 Northeast 70th Street		LAHASEEC. F	10 JUL 23 PM	THE STREET
Florida street address (P.O. Box NOT acceptable)		LON S	-: 5	(Lames)
Miami	FL 33138  City, State, and Zip	黑色	င်း	
liability company at the place desig registered agent and agree to act in thi statutes relating to the prope <del>r and</del> co accept the obligations of my posited	and to accept service of process for the content in this certificate, I hereby accept the is capacity. I further agree to comply with amplete performance of my duties, and I amon as registered agent as provided for in Content in Signature (REQUIRED)	e appoint the provi 1 familiar	tment isions with	as of all and
	(CONTINUED)			

Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGR Yazmina Padron 2121 North Bayshore Drive, #810 Miami, FL 33137

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

MGR
Claudia Villar
471 NE 25th Street, #502
Miami, FL 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 19, 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.)

Claudia Villar

Typed or printed name of signed

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)