Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, IN

Account Number : I20000000019

Phone Fax Number

: (305)552-5973 : (305)220-1440

**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. MANANTIAL IMPORT & EXPORT, LLC

Certificate of Status Certified Copy

1 Page Count 03 **Estimated Charge** \$155.00 A. LUNT

AUG 1 6 2010

EXAMINES

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H10000182581

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	
MANANTIAL IMPORT & Export, LLC	
(Must and 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: Mailing Address: AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
9961 SW 41 St. 9961 SW 41 St. 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1
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.)	4.20
The name and the Florida street address of the registered agent are:	
HERNAN PAtricio EPRE	
Name	
9637 S.W. 142 Ct.	
Florida street address (P.O. Box NOT acceptable)	

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..

City, State, and Zip

Registered Agent's Stenanus (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s);
The name and address of each Manager or Managing Member is as fol

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Name and Address:
<u>M62.</u>	HN6EL COMPATE 2000
MGRN	HERNAN PATITICIO LERPE W 9637 SW 142CT.
MGRM	202Kg K. LEPPE 9637 Sus 142Ct. Lussmi Pl 35186
MGRM	Sould Gonsalez 9961 Sw 41 St. Cuiami, Fl. 33165
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must less or 90 days after the date of filing.)	e date of filing: (OPTIONAL) ne specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)

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