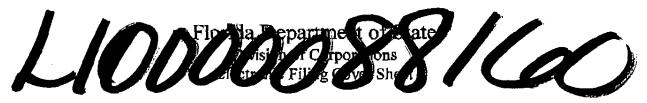
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number: I20000000019 : (305)552-5973

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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. **

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MMGTT	WILL ESS!		

FLORIDA LIMITED LIABILITY CO. ALMACENES HERMANOS MATTAR C.A. LLC

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$155.00 D. BRUCE AUG 23 2010 EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE 1 - Name: he name of the Limited Liability Company is:	
ALMACENES HERMANDS MATTAR C.A. LL. (Must ond with the words "Limited Liability Company, "L.L.C." or "LLC.")	<
RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:	
rincipal Office Address: Mailing Address:	
33166 FLORIDA-MIAHI	•
RTICLE 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 pushiness entity with an active Florida registration.)	
he name and the Florida street address of the registered agent are:	
SAMER SHTAYEH	
4769 NW 72 AVENUE Florida street address (P.O. Box NOT acceptable)	
MIAMI FL 33166 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limited	

liaving 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)
Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: <u> Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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 parjury that the facts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signce

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