Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H10000194241 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : 120080000033 Phone : (786)499-7132

1 (305)044-3052

**Enter the email address for this business eptity to be used for Tiveux annual report mailings. Enter only one email address please : **:

Address:		······································
ì	Address:	Address:

FLORIDA LIMITED LLABILITY CO. LARUSA.COM, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SEP -7 2010

EXAMINER

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SEP-03-2010, 10; 12 From:

5/3/2010 11:02:00 Am PAUS T0:850 517 6381 P.3/5



September 3, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KRISJOENNA SERIVES, INC.

SUBJECT: LARUSA.COM, LLC

REF: W10000041278

The F

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter?

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6094.

Agnes Lunt Regulatory Specialist II FAX Aud. #: R10000194241 Letter Number: 010A00021134

RECEIVED 10 SEP -3 PH 3: 45 SECRETARY OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

SEP-03-2010 10:12 From:

To:850 617 6381

P.475

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is:

LA RUSA.COM, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Lorena E Varales (MGR)
(She will have 50 % of the Company)

1542 Drexel Av. Suite 105 Miami Beach, Fl 33139

Runal Barrios (MGRM)
(He will have 50 % of the Company)

1542 Drexel Av. Suite 105 Miami Beach, FL 33139 ___

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

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

LORENA E VARALES

Name

1542 DREXEL AV.SUITE 105

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

MIAMI FL 3313

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 provide for in chapter 608 F.S.

Registered Agent's Signature

Page 1of 2

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

Title:

Name and Address:

Lorena E Varales

(MGR)

1542 Drexel Av. Soite #

105

(She will have 50 % of the Company)

Miami Beach, Fl 33139

Ronal Barrios

(MGRM)

1542 Drexel Av. Suite

#105

(He will have 50 % of the Company)

Miami Beach, fl 33139

SEP -3 AM ID: 12

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

Typed or printed name of signed