

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : I20100000060  
Phone : (305) 828-1148  
Fax Number : (305) 828-1709

**\*\*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.  
Carabeo Signature Art LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

RECEIVED  
10 OCT -5 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 OCT -5 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

G. MCLEOD

OCT -6 2010

EXAMINER

10/05/10

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Carabeo Signature Art LLC

(Must end 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:**

7601 East Treasure Drive  
North Bay Village FL 33141

**Mailing Address:**

7601 East Treasure Drive  
North Bay Village FL 33141

**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.)

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

Oresteban Carabeo

Name

8808 NW 181 STREET

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

MIAMI LAKES FL 33018

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 provided for in Chapter 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature (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 follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Orestevan Carabao  
8808 NW 181 Street  
Miami Lakes FL 33018 45%

MGRM

Byron Perez  
7601 E Treasure Dr  
North Bay Village FL 33141 45%

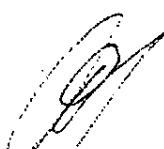
MGRM

Howard Harrison  
1270 NW 168 AVE  
PEMBROKE PINES FL 33028 10%

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/05/2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**ORESTEBAN CARABEO**

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)