Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVIC

Account Number : I2000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

**Enter the email address for this business entity to be used for this amnual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.

2540 WEST LLC

Certificate of Status 1

Certified Copy 0

Page Count 03

Estimated Charge \$130.00 S. HAWKES

OCT 1 4 2010

EXAMINER

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H10000224634

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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 Plorida registration.)

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

Enverto GUEOE

7853 N.W. 199 strate /
Florida street address (P.O. Box NOT acceptable)

His les h FL 33015

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) Page 1 of 2

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THE BRIDG AND WALLESS OF CACH IN ALL	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member MGRM	DARÍANA WONG 1853 N.W. 199 Street
MERM	ERNES LO CUEDES 1853 N.W. 199 Stace)
·	
(Use attachment if necessary)	~.
	the date of filing: (OPTIONAL)
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ffective date is listed, the date mus	
days after the date of filing.)	st be specific and cannot be more than five business days
ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	

Flling Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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