

410000109835  
Florida Department of State  
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.

((H10000229925 3))



H100002299253ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383  
From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FILED  
10 OCT 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*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.  
LALICE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

OCT 21 2010

EXAMINER

RECEIVED

10 OCT 20 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

3

H10000229925

ARTICLES OF ORGANIZATION FOR LALICE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: LALICE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4445 Sabal Palm Road, Miami, Florida 33137-3377.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

*[Handwritten Signature]*

Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Fatos Rosenberg  
4445 Sabal Palm Road  
Miami, Florida 33137-3377

Samuel Spencer Blum

H10000229925

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 654-1888 TELEFAX: (305) 654-3314  
E.MAIL: sblum@samblum.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 20 AM 9:50

FILED

H10000229925

Page 2 of 2

Managing Member

Alicia Benwaiche  
4445 Sabal Palm Road  
Miami, Florida 33137-3377

~~Signature of a member or an authorized representative of a member.~~

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.)

FATOS ROSENBERG  
Typed or printed name of signee

- FILING FEES:
- \$ 100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (OPTIONAL)
  - \$ 5.00 Certificate of Status (OPTIONAL)

SSB/nbf  
2111000229925 (Corporate) 12/04/03 LLC Articles.doc

10 OCT 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

Samuel Spencer Blum  
ATTORNEY AT LAW

H10000229925

2666 TIGERTAIL AVENUE, SUITE 108 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314  
E-MAIL: ssm@samblum.com