

OCT-25-2012 THU 11:21 PM

Division of Corporations

P. 001/004

Page 1 of 1

L10000111753

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.**

((H10000233640 3)))



H100002336403ABCT

**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 : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I200000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*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.  
LIBAC L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

10 OCT 26 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 OCT 26 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

OCT 27 2010

EXAMINER

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I -- Name:

The name of the Limited Liability Company is:

Libac L.L.C.

(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:

#### Mailing Address

10661 N. Kendall Dr.

10661 N. Kendall Dr.

Suite 216

Suite 216

Miami, FL 33176

Miami, FL 33176

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

The name and the Florida Street address of the registered agents are:

FRANK H. ALVAREZ

Name

10661 N. Kendall Dr. # 216

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

Miami, FL 33176

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

FILED  
10 OCT 26 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT-25-2012 THU 11:22 PM

P. 003/004

**ARTICLE IV - Managers(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:**

MGRM/ MGR

Frank H. Alvarez

8520 SW 74 Terr

Miami, FL 33143

MGRM

Maria T. Alvarez

8520 SW 74 Terr

Miami, FL 33143

MGRM

Jay L. Levine

10422 SW 133 PL

Miami, FL 33186

MGRM

Luis E. Benitez

918 Valencia Ave

Coral Gables, FL 33134

MGRM

Yolanda Benitez

918 Valencia Ave

Coral Gables, FL 33134

MGMR

Alberto Canler

5313 SW 71<sup>st</sup> Ave

Miami, FL 33155

MGMR

Cira Canler

918 Valencia Ave

Miami, FL 33155

MGMR

Jose Iribarren

5531 SW 87<sup>th</sup> Ave

Miami, FL 33165

FILED  
10 OCT 26 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGMR

Berta Iribarren

5531 SW 87<sup>th</sup> Ave.

Miami, FL 33165

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 perjury that the facts stated herein are true.)

FRANK H. ALVAREZ

Typed or printed name of signee

FILED  
10 OCT 26 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA