

L1000113698  
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.

((H10000238095 3)))



H100002380953ABC

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

2010 NOV -1 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

\*\*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.  
importafora red light ca, llc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED  
10 NOV -1 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 2 2010

EXAMINER

Help

Electronic Filing Menu Corporate Filing Menu

H10000238095

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMPORTADORA RED LIGHT CA, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEDRO M. GALLINAR

Name of Person

PEDRO M. GALLINAR & ASSOCIATES, PA

Firm/Company

6701 SUNSET DRIVE STE. 100

Address

MIAMI, FLORIDA 33143

City/State and Zip Code

PGALLINAR@AOL.COM

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO GALLINAR

Name of Person

at (305) 668-4848

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Citron Building  
2061 Executive Center Circle  
Tallahassee, FL 32301

H10000238095

FILED

2010 NOV -1 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

IMPORTADORA RED LIGHT CA, 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:

Mailing Address:

335 SOUTH BISCAYNE BLVD.  
STE. 1107  
MIAMI, FL. 33131

SAME

**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:

PEDRO M. GALLINAR

Name

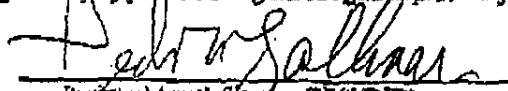
6701 SUNSET DRIVE STE. 100

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

MIAMI, FL. 33143

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 (RE)(H/RE-ED)

(CONTINUED)

Page 1 of 2

FILED

2010 NOV -1 AM 10:38

H10000238095

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

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

*[Handwritten Signature]*  
Signature of a member or an authorized representative of a member.

(In accordance with section 601.404(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.)

PEDRO M. GALLINAR  
Typed or printed name of signer

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)

H10000238095