

L10000118433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

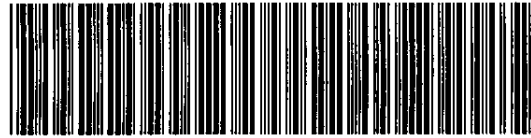
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200187331032

11/12/10--01033--022 **155.00

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 12 PM 4:48

FILED

C. LEWIS

NOV 15 2010

EXAMINER

Law Office of Attorney

JORGE RODRIGUEZ-CHOMAT & ASSOCIATES, P.A.

The Four Ambassadors – Suite 470-471
801 Brickell Bay Drive – Miami, Florida 33131
Telephone (305)374-0056 – Fax (305)373-8399
e-mail: chomatpa@aol.com

November 10, 2010

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fla. 32314

Re: NORTH ILSE INVESTMENTS, L.L.C.

Dear Sir/Madam:

Enclosed hereto please find the original and one copy of the Cover Letter and Articles of Organization for the above identified Florida Limited Liability Company.

Please return a certified copy to us. A self addressed and stamped envelope is enclosed.

Thank you.

Sincerely yours,

Jorge Rodriguez-Chomat

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NORTH ILSE INVESTMENTS, L.L.C.
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:

Jorge Rodriguez-Chomat, Esq.

Name of Person

Jorge Rodriguez-Chomat & Assoc. P.A.

Firm/Company

801 Brickell Bay Drive, Suite # 471

Address

Miami, Fla. 33131

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Rodriguez-Chomat at (305) 374-0056

Name of Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTH ILSE INVESTMENTS, 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:

220 N.E. 20th Terrace

Miami, Fla. 33137

Mailing Address:

220 N.E. 20th Terrace

Miami, Fla. 33137

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:

JORGE BAVARESE

Name

220 N.E. 20th Terrace

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

Miami FL 33131

City, State, and Zip

FILED
2010 NOV 12 PM 3:48
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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)

FILED

2010 NOV 12 PM 10:48

ARTICLE IV- Manager(s) or Managing Member(s):

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Luciano Cardenau

Avenida 2 Numero 4252, Apt. 10"D"
Necochea, Argentina

MGR

Pedro Gaston Cardenau

Rivera 620 entre 513 y 515
Quequen, Argentina

(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:



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.)

JORGE BAVARESE

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)