L10000120142

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.

(((H10000250791 3)))

H10000250791 3ABCZ

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
2010 NOV 18 AM 9:14
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: _____

RECEIVED
10 NOV 18 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
FAMILY L, LLC

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

C. LEWIS
NOV 19 2010
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

H10000250791

FILED
2010 NOV 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(4)

ARTICLES OF ORGANIZATION OF
FAMILY L, LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned desiring to form a Limited Liability Company under and pursuant to Section 608.404 of the Limited Liability Act, pursuant to Chapter 608 of the Florida Statutes, of the State of Florida, do hereby certify as follows:

FIRST: The name of said Limited Liability Company shall be FAMILY L, LLC and the mailing address and the street address of the principal office of the limited liability company shall be 2999 NE 191st Street, Ph 8, Aventura, Fl 33180 and the mailing address of the principal office of the limited liability company shall be: 2999 NE 191st Street, Ph 8, Aventura, Fl 33180.

SECOND: FAMILY L, LLC shall have a perpetual duration from the date of filing of these Articles of Organization.

THIRD: The purposes for which, FAMILY L, LLC is formed are:

(A) to purchase, sell Real Estate, distribute, invest in, and otherwise deal with a variety of products and services within and outside the State of Florida as agent for any parent companies, subject to such laws and regulations governing licensing and other requirements pertinent thereto, on its own account and for the accounts of others; and penetrate new markets

(B) to engage in such other lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Statutes of the State of Florida.

FOURTH: The maximum number of ownership units which, LLC is authorized to have outstanding is one hundred (100), all of which shall be identical units, and each of which shall represent the ownership of that percentage of the total units outstanding at any time as is the equivalent of the ratio in which one (1) is the numerator and the total units outstanding is the denominator.

H10000250791

FIFTH: The LLC, a limited liability company shall be manager-managed and the manager shall be SILVINA ANDREA KAMINSKY DE LEVY at 2999 NE 191st Street, Ph 8, Aventura, Fl 33180.

SIXTH: The name and mailing address of the company's registered agent is OSCAR GRISALES-RACINI, PA, whose mailing address is 2999 NE 191 STREET, PH8, AVENTURA, FLORIDA 33180

IN WITNESS WHEREOF, I have hereunto subscribed my name this 17th day of November, 2010.

SILVINA ANDREA KAMINSKY DE LEVY
MANAGER

FILED
2010 NOV 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000250791

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Florida Statutes, the undersigned limited liability Company organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent in the State of Florida.

2 The name of the limited liability company is: FAMILY L, LLC
3 The name of the registered agent is OSCAR GRISALES-RACINI, PA
4 The address of the registered agent/registered office is 2999 NE 191 STREET, PH8, AVENTURA, FLORIDA 33180

FILED
2010 NOV 18 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Acceptance

Having been named as registered agent and designated to accept service of process for the above limited liability company, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

By:

For the Company

Date: 11/17/10

H10000250791