

L10000128959

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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EFFECTIVE DATE
12/15/2010

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To:
Division of Corporations
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****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.
INVERSIONES BANUS CA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INVERSIONES BANUS CA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE
12/15/2010

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9751 E Bay Harbour Drive
Bay Harbour Islands, FL 33154

Mailing Address:

9751 E Bay Harbour Drive
Bay Harbour Islands, FL 33154

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.)

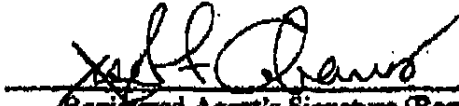
The name and the Florida street address of the registered agent are:

Joseph F. Cabanas - Cabanas & Associates, P.A.
Name

10520 NW 26th Street, Suite C-201
Florida street address (P.O. Box **NOT** acceptable)

Doral FL 33172
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 (Required)

(CONTINUED)

ARTICLE IV- Manager(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

Aramis Grijalba

9751 E Bay Harbour Drive

Bay Harbour Islands, FL 33154

MGRM

Ana M. Grijalba

9751 E Bay Harbour Drive

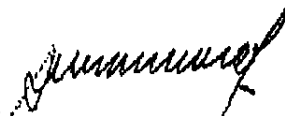
Bay Harbour Islands, FL 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/15/2010 (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 that the facts stated herein are true)

ANA M. GRIJALBA

Type or print 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)