Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 : (305)552-5973 Fax Number : (305)220-1440

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. L&L CUBANISIMO ENTERTAINMENT LLC

Certificate of Status

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

JANED' 2011

EXAMINER

H-1 1000005606.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLE I - Name: The name of the Limited Liability Company is	; ·	
L&L		ENTERTAINMEN	it Ll
	(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "UUC.")	
	ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability C	ompany is:
	Principal Office Address:	Mailing Address:	
	1953 NW 4 ST HIAM F2 33125	SAme.	
	ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regibusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signati stered Agent. You must designate an individual or ark	it ro: other
	The name and the Florida street address of the	registered agent are: SANABRI A	
	Name 1953 NW 4St	3	
		idress (P.O. Box NOT acceptable)	
	Miami	FL 33/75	
	City, S	State, and Zip	
	Having been named as registered agent and to liability company at the place designated in	this certificate, I hereby accept the appoir	ntment as
	registered agent and agree to act in this capact statutes relating to the proper and complete p	ity. I further agree to comply with the prov	visions of all
	accept the obligations of my position as re		
	Transfer of the state of the st	,	<u> </u>
	Registered Agent's sign	ature (REQUIRED)	SECT VISIO
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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member HGRM MGRM MGRM	LUCIA I SANABRIA 1953 NO 9 ST WIRM PL 33/25 LUIS A. BONTOS 1953 NW 9 ST MIRM PL 33/25
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days p
90 days after the date of filing.) REQUIRED SIGNATURE:	
Signature of a member	r or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	ped or printed name of signee
Filing Fora:	6
\$125.00 Filing Fee for Articles of Organ of Registered Agant \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
a 2400 Certificate à coutra (Obnorsi	8: 07

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