Division of Corporations **Electronic Filing Cover Sheet**

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(((H11000005240 3)))



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Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (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. LATIN WORLD TALENT, LLC

Certificate of Status

Certified Copy

1

Page Count

03

Estimated Charge

\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

H11000005240

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	îs:		
(Must end with the words "Limited Lin	TALENT, LLC		
	solidy Company, "L.L.C.," or "LLC,")		. '
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited l	Liability Compa	ay is:
Principal Office Address:	Mailing Address:		•••
9601 S.W. 9 Tennace	SAME	· .	N
MIAM: FIA. 33174			
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Registration of the Regist	registered Agent. You must designate an ind ne registered agent are:	t's Signature:	SECRETARY OF STATE,
City, Sta	to, and Zip	ka ahasa atauni I	

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 (RÉQUIRED)

(CONTINUED)
Page 1 of 2

H11000005240

H11000005240

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	ALEJANDRO ARELLA	
	2049 SOUTH OCEAN DL.	
010	HALLANDALE BEACH FLA. 33004	
MGRM	Kubar Abella	
	Mima : ECA : 33/74	
	- 	
	DZ 3	
•	ARTIAR SSS	
(Use attachment if necessary)	A 92 -	
RTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)	
an effective date is listed, the date must b or 90 days after the date of filing.) REQUIRED SIGNATURE:	e specific and cannot be more than five business days pri	
Mellet	U .	
Signatule of a member	ror an authorized representative of a member.	
constitutes an affirmation under I am aware that any false infor	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)	
<u> Kuse</u>	N PRELLA	
Ty	ped 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 5.00 Certificate of Status (Optional)

Page 2 of 2