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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.

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From:

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LARA SANCHEZ ARTS AND CRAFTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

B. KOHR

MAR 10 2011

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LAZARUS
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March 8, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: LARA SANCHEZ ARTS AND CRAFTS, LLC
REF: W11000012991

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved limited liability company. The name of a voluntarily dissolved limited liability company is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved limited liability company provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is L09000014285.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod
Regulatory Specialist II

FAX Aud. #: H11000059407
Letter Number: 911A00005575

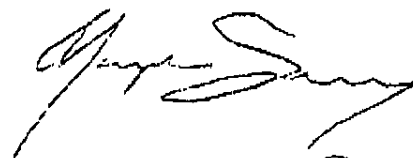
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03-07-11

To whom it may concern:

Please be advised that the owners of the company LARA SANCHEZ ARTS AND
Crafts LLC with the document number LO90000142805 are the same as those
who are opening this new company with the same name. Thank you.

Sincerely,



Mireya Sanchez

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H11000059407

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LARA SANCHEZ ARTS AND CRAFTS, LLC

(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:1820 N CORPORATE LAKES BLVD
SUITE 207
WESTON, FL 33326**Mailing Address:**SAME**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:

Mireya Sanchez

Name

16720 Harbor CtFlorida street address (P.O. Box **NOT** acceptable)Weston

FL

33326

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)

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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

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u> 	<u>Mireya Sanchez</u> <u>16720 Harbor Ct</u> <u>Weston, Fl. 33326</u>
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(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.)

Mireya Sanchez

Typed or printed name of signer**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)

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