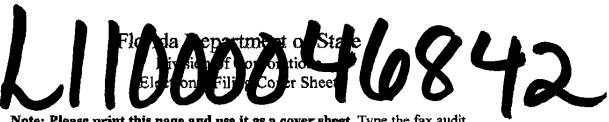
3052201440

LAZARUS

PAGE 01/03 https://ctite.sunoiz.org/sortpore/moorn.c



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.

(((H11000103808 3)))



H110001038083ABCW

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 : LAZARUS CORFORATE FILING SERVICE

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (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. LEOCAN II ENTERPRISES, LLC

Certificate of Status Û Certified Copy 1 Page Count 03

\$155.00 Estimated Charge

D. BRUCE
APR 20 2011
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

# H11-000103808

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

### LEOCAN II ENTERPRISES, LLC

#### ARTICLE II - Address:

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

#### Principal Office Address:

#### **Mailing Address:**

7900 Harbor Island Dr. Unit 1112, North Bay Village, FL, 33141. 7900 Harbor Island Dr. Unit 1112, North Bay Village, FL, 33141.

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's = Signature:

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

## Jose Domingos Silva De Abreu

7900 Harbor Island Dr. Unit 1112, North Bay Village, FL, 33141.

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..

Jose Domingos Silva De Abreu

Registered/Agent's Signature

(CONTINUED)
Page 1 of 2

H11000103808

# H11000703808

#### ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

MGR

#### Name and Address:

ANDREA A . SILVA

MGR JOSE DOMINGOS SILVA DE ABREU

MGR MARIA PIEDAD DOS SANTOS

MGR MARILYN Y. SILVA

MGR LILIANA M. SILVA

Address for all Managers: 7900 Harbor Island Dr., Apt 1112, North Bay Village, FL, 33141.

#### REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.468(3). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are true.)

JOSE DOMINGOS SILVA DE ABREU

Typed or printed name of signee

FILED
11 APR 19 PM 3: 39
SECTED ARY SEE FLOWING

Page 2 of 2