

**L1100046842**

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**FLORIDA LIMITED LIABILITY CO.  
LEOCAN II ENTERPRISES, LLC**

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

**D. BRUCE**  
APR 20 2011  
**EXAMINER**

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**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:**

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

**Mailing Address:**

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.

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*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

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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:**

**Name and Address:**

|     |                              |
|-----|------------------------------|
| MGR | JOSE DOMINGOS SILVA DE ABREU |
| MGR | MARJA PIEDAD DOS SANTOS      |
| MGR | MARILYN Y. SILVA             |
| MGR | LILIANA M. SILVA             |
| MGR | ANDREA A. 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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE DOMINGOS SILVA DE ABREU

\_\_\_\_\_  
Typed or printed name of signer

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