Division of Corporations Electronic Filing Cover Sheet

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(((H110001109873)))



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To:

Division of Corporations

Fax Number : (85.0) 617-6383

From:

Account Name : LAZARUS CORPÓRATE FILING SERVICE, INC.

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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. SDA V&A LLC

Certificate of Status

Certified Copy

Page Count 03

Estimated Charge \$130.00

EXAMINER APR 26 2011

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Corporate Filing Menu

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H11000110987

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	•	
50A UBA LLC (Must end with the words "Limited Liabil		
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
The manifest manages and and the bear and and the bear an		
Principal Office Address:	Mailing Address:	
142435W 4257 MAMI, FL 33183	14243 SW 6237	
MIHMI, FL 33183	MIGAI, FE 33/X3	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist husiness entity with an active Florida registration.)	tered Agent. You must designate an individual or another	
The name and the Florida street address of the	registered agent are:	
VIETOR	registered agent are: MORA SSEE STEELED	
Name	[18] [18]	
14243 SW	dress (P.O. Box NOT acceptable)	
Florida street ad	dress (P.O. Box NOT acceptable)	
MIAM	FL 33/82	
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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	VICTOR MORA 14243 SW 6257 MIANI 1 FL 33183
MGRM	ANRY MANTEANA 14243 SW 62 ST MIRMI, FL 33183
(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:	
	DWD
Signature of a member of	on authorized representative of a member.
constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, on submitted in a document to the Department of State provided for in s.817.155, F.S.)
VICTOR	MORA
Typed or printed name of signee	
Filing Fees:	

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\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)