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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAY - 3 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LABIA LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO BENSO

Name of Person

Firm/Company

18090 COLIINS AVE T 19-20

Address

SUNNY ISLES FLORIDA 33160

City/State and Zip Code

rbenso@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO BENSO

Name of Person

at (786) 210 0801

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LABIA 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:

3600 Mystic Pointe DR 1611
Aventura Florida 33180

Mailing Address:

18090 Collins Ave T 19-20
Sunny Isles Beach Florida 33160

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:

MARIA TERESA HAFFORD

Name

3600 MYSTIC POINTE DR 1611

Florida street address (P.O. Box **NOT** acceptable)

AVENTURA FL 33180


City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGR

CARLOS DANIEL PETRONI
3600 MYSTIC POINTE DR 1611
AVENTURA FLORIDA 33180

MGRM

MARIA TERESA HAFFORD
3600 MYSTIC POINTE DR 1611
AVENTURA FLORIDA 33180

MGRM

GERMAN DARIO PETRONI
3600 MYSTIC POINTE DR 1611
AVENTURA FLORIDA 33180

MGRM

DIEGO HERNAN PETRONI
3600 MYSTIC POINTE DR 1611
AVENTURA FLORIDA 33180

(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.)

CARLOS DANIEL PETRONI

Typed or printed name of signee

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