

C11000052860

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.

(((H11000123743 3)))



H110001237433ABCW

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 CORPORATE FILING SERVICE INC
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

2011 MAY -4 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
11 MAY -4 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
LEBLOND INVESTORS GROUP, LLC**

Certificate of Status 1
Certified Copy 0
Page Count 03
Estimated Charge \$130.00

T. CLINE
MAY -5 2011
EXAMINED

9:47 AM

H 1 1 0 0 0 1 2 3 7 4 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Leblond Investors Group, 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:

3001 NE 185th Street # 116
Aventura, FL 33180

3001 NE 185th Street # 116
Aventura, FL 33180

ARTICLE III -- Registered Agent, Registered Office, & Registered Agent's Signature:

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

LUIS RAMON JIMENEZ

3001 NE 185th Street # 116
Aventura, FL 33180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY -4 AM 8:37

FILED

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.

LUIS RAMON JIMENEZ


Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H 1 1 0 0 0 1 2 3 7 4 3

H11000123743

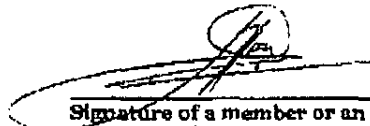
ARTICLE IV – Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	MARLENIS JOSEFINA BARRERA
MGR	LUIS RAMON JIMENEZ
MGR	SIULENYS MARGARETH JIMENEZ

The address for all the Managers is: 3001 NE 185th Street, # 116, Aventura, FL 33180

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.)

LUIS RAMON JIMENEZ

 Typed or printed name of signee

2011 MAY -4 AM 8:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

H11000123743