L11000070311

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



400208690184

06/15/11--01005--023 **130.00



COVER LETTER

_	stration Section tion of Corporations			
SUBJECT:	Froteria Nueva Vida LLC. Name of Limited Liability Company			
	Name of Emilied Enablity Company			
The enclosed	Articles of Organization and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following:			
	Janet London o Name of Person			
	Freuteria Nueva Vida LLC			
	Freteria Nueva Vida LC Firm/Company 12405 SW S6 Street Address			
Address				
·	Miami, Fla. 33175. City/State and Zip Code			
City/State and Zip Code				
	Janet @the palace US. com E-mail address: (to be used for future annual report notification)			
For further in	formation concerning this matter, please call:			
Jane	Name of Person at (305) 310-1437 Area Code & Daytime Telephone Number			
	Name of Person Area Code & Daytime Lelephone Number			
Enclosed is a	check for the following amount:			
\$125.00 Filing	See \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:				
(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: Mailing Address:				
Janet Londond 12405 SW 56 ST Hiemi, Fl. 33175				
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:				
Janet Londono Name				
15361 2071 FN				
Florida street address (P.O. Box NOT acceptable)				
M'ami FL 33193 City, State, and Zip				
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)

Page 1 of 2

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:
President	Janet Londono 15361 SW 71 LANE 33193
Vice President	Esmeralda Espitia 5753 NW 112 Place MIAMI, FL, 33178
	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	ber or an authorized representative of a member.
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Filing Fees:	Available Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

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