

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.

(((H11000174465 3)))



H110001744653ABC\$

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

1 (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561) 455-9885

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

Email Address:

RECEIVED

JUL -5 AM 7:08

ECRETARY OF SIATE

FLORIDA LIMITED LIABILITY CO.

CARAIS, Limited Liability Company

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

JUL - 6 2011

EXAMINER

Ć

H110001744653

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compilance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CARAIS, LIMITED LIABILITY COMPANY

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

5574 NW 200TH TERRACE MIAMI GARDENS, FLORIDA 33055

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

PAULA F. SOLORZANO 5574 NW 200TH TERRACE MIAMI GARDENS, FLORIDA 33055

Having been named as registered agent to accept service of process for the above stated limited liability company at the piace 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.

PAULA F. SQLORZANO / Registered Agent's signature

H11000174465 3

H11000174465 3

PAGE 2

CARAIS, LIMITED LIABILITY COMPANY.

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
OSCAR VICENTE BUSTOS
5574 NW 200TH TERRACE
MIAMI GARDENS, FLORIDA 33055

MANAGING MEMBER NATHALY V. SUESCUM 5574 NW 200TH TERRACE MIAMI GARDENS, FLORIDA 33055 2011 JUL -5 AM & 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of a prember or an authorize

PAULA DOLORZAND

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.

PRINTED NAME OF SIGNEE