

L11000078429

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.**

(((H11000175427 3)))



H110001754273ABC

**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 : CLARA GIRALDO, P.A.  
Account Number : J19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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

Email Address: \_\_\_\_\_

RECEIVED  
11 JUL -7 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
ARXAL, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

11 JUL -7 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

JUL -8 2011

7/6/2011  
EXAMINER

H330001754273

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**ARXAL ,LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ARXAL ,LLC.**

**ARTICLE II - ADDRESS**

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

**20157 SW 129 CT  
MIAMI ,FL 33177**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**LUIS M.ZUFIRIA**

**20157 SW 129 CT**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI FL, 33177**

City, State, and Zip

FILED  
11 JUL -7 AM 8:02  
TALLAHASSEE, FLORIDA

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

H330001754273

H 110001754273

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

## ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

LUIS M.ZUFIRIA  
20157 SW 129 CT  
MIAMI FL, 33177

MANAGER

LUIS BRUZON  
20157 SW 129 CT  
MIAMI FL, 33177

MANAGER

(An additional article must be added if an effective date is requested)

  
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 ZUFIRIA

Typed or printed name of signee

FILED  
TALLAHASSEE, FLORIDA

11 JUL -7 AM 8:02

2011 07 07

H 110001754273

H110001754273

ARTICLE V

THE PARTNERS MEMBER FOR THIS COMPANY ARE:

NOVADOORS S.L.	80%
ASTIGARRAGA BIDEA 2 , 3-3	
20180 OIARTZUN	
CIF- B 755024851	

LUIS BRUZON	20%
-------------	-----

2011 JUL 7 AM 8:02  
FALLAI 755024851 FLORIDA

H110001754273