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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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L-SELLERS

AUG 17 2011

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

EXAMINER

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LAS BRISAS WORLD ENTERPRISE LLC**

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

RECEIVED
11 AUG 16 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 15, 2011

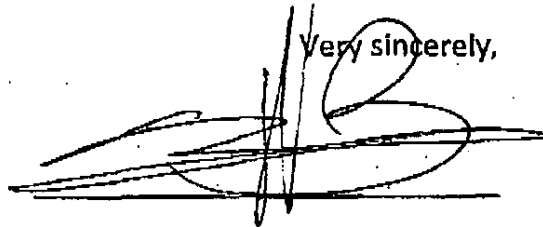
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of LAS BRISAS World Enterprises LLC
of Doc # L10000032892 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, consisting of a stylized 'B' with a vertical line through it and a horizontal line at the bottom.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Las Brisas World Enterprise 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:8435 SW 4th Street
Miami, FL 33144Mailing Address:8435 SW 4th Street
Miami, FL 33144

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:

Nicky Bueno

Name

8435 SW 4th StreetFlorida street address (P.O. Box NOT acceptable)Miami, FL 33144

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)

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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:MGRMNicky Bueno
8435 SW 4th Street
Miami, FL 33144

(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.)

Nicky Bueno
Typed or printed name of signer

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