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SECRETARY OF STATE
STILL AHASSEE, ELORID.

J. BRYAN

AUG 25 2011

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	•
SUBJECT: LONDON TRUST LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JOSE LUCIANO MENDES	
Name of Person	<del></del>
LONDON TRUST	
Firm/Company	
8855 NW 27th ST # 223	当二十
Address	6
MIAMI, FL 33172-1614	ARY OF T
City/State and Zip Code  londontrustusa@gmail.com	N OF SER
E-mail address: (to be used for future annual report notification)	5H F
For further information concerning this matter, please call:	<u>5-</u>
JOSE MENDES at ( 305 ) 6138411	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy} \text{Certified Copy (additional copy})	Status & y
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

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## LONDON TRUST LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
8855 NW 27th ST #223 MIAMI, FL 33172-10	8855 NW 27th ST #223 MIAMI, FL 33172-1614
	egistered Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individual or another
The name and the Florida street addres	es of the registered agent are: Effective Date $08/18/11$
MICHAEL	L FINC
	Name
20803 13150	CHYNE Blud # 102
Florid	a street address (P.O. Box NOT acceptable)
AVENTURA	FL <b>3318</b> ()
	City, State, and Zip
Having boss some day we ist and a second	

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

Title:	Name and Address:
'MGR" = Manager	50.73
"MGRM" = Managing Member	Ho.
MGR	JOSE LUCIANO MENDES
	8855 NW 27TH ST # 223
	MIAMI, FL 33172-1614
MCB	
MGR	VANESSA GIORGI PUERTA MENDES
	8855 NW 27TH ST # 223
	MIAMI, FL 33172-1614
Use attachment if necessary)	
•	08/18/2011 (OPTION
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membe  (In accordance with section 608, constitutes an affirmation under	e specific and cannot be more than five business d  OOO MOD  or or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the ective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a membe  (In accordance with section 608, constitutes an affirmation under I am aware that any false inform	e specific and cannot be more than five business d  OOLO MULE  or or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document

Filing Fees:

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)