L110000002447

	(Requestor's Name)
<u>*</u> .	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certifi	ed Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

SEP - 7 2011

EXAMINER

Office Use Only



400211766454

09/06/11--01011--023 **130.00

COVER LETTER

Division of	f Corporations		
SUBJECT: PC	Cuba Pac	Luetes, LL ted Liability Company	<u></u>
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
Cel	ida Hernan	idez	SEP-6
		Name of Person	
		Firm/Company	Om As
210	1 58th S	treet North "	D"
		Address	
<u>ST.</u>	Petersburg ,	FL 33710	
	l:ca	ty/State and Zip Code	
<u>ya</u> ı	E-mail address: (to be used	for future annual report notification)	
	ion concerning this matter, pleas		
<u>Celida</u>	Hernandez me of Person	at (127) 564 - Area Code & Daytime Telep	
Enclosed is a checl	k for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Pa' Cuba Paguetes 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: Mailing Address:
2101 58th Street North D 2101 58th Street North ST. Petersburg, FL 33710
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: Name Name
Florida street address (P.O. Box NOT acceptable) ST. Rekrsburg FL 33710 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:
MGR	celida Hernandez 2101 5BD STreet North "D" ST. Petersburg IFL 33710
(Use attachment if necessary)	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Q - Ol - ll. (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.)

Celida Hernandez

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)