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SECRETARY OF STATE
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J. BRYAN

SEP 1 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Noel Guerara, UC.
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:
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: Name of Person
Name of Person
Leg Asea Distribution Services
16057 Tampa falms BIVd. # 398
Tampa fl 33147 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 813 316-1629 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Noel Guevara, U.C.		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ADDICT FILE Address.		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
20107 55th P1 Same		
Miami Gordens Al.		
33755		
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:		
Nolana Morris		
Name		
2010 Westhigh Ave		
Florida street address (P.O. Box NOT acceptable)		
Tompa FL 33614		
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)

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	Noel Guerara 2010/1 5515 Pt. Mami Gardens Ft. 33055
	FEET TI
(Use attachment if necessary)	SEE PROPERTY.
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be spet to or 90 days after the date of filing.)	of filing: (OPI3ONAE) cific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member.
constitutes an affirmation under the p	3), Florida Statutes, the execution of this document senalties of perjury that the facts stated herein are true. I submitted in a document to the Department of State rovided for in s.817.155, F.S.)
N. GUEVO Typed o	r 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)