# Division of Corporation Electronic Filing Cover Sheet

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(((H11000225331 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)220-1440

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

Email	Address		 	· · · · · · · · · · · · · · · · · · ·
emait	What ess:	·	 	

### FLORIDA LIMITED LIABILITY CO. INTERNATIONAL TOWERS L.L.C.

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

C. LEWIS

SEP 1 5 2011

**EXAMINER** 

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Corporate Filing Menu

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## H11000225331

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

ARTICLE I - Nam The name of the Lin	e: nited Liability Com	pany is:	
Internation	Frowal To 6	Wers L.L.C." or "LEC.")	
ARTICLE II - Add	dress:	of the principal office of the Limited Lia	ability Company is:
Principal Office A	ddress:	Mailing Address:	
3671 N.W. 1 MIAMI FO	16 TERR. 2 33/25	SAME	
(The Limited Liability Co	egistered Agent, Re ompany cannot serve as its active Florida registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an indivi	s Signature: idual or another
The name and the I		s of the registered agent are:	<b>201</b> SE TAL
	Jesus 7	Pece ZName	PILED  2011 SEP 14 AM 7: 39  SECRETARY OF STATE TALLAHASSEE. FLORID
	1540 SW.		**************************************
		a street address (P.O. Box NOT acceptable)	SEP IQ AM 7 RETARY OF STAHASSEE. FLO
. •	MIAMA	FL 33/94 City, State, and Zip	AM 7: 39 OF STATE E. FLORIDA

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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FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2011 SEP 14 AM 7: 39

SECRETARY OF STATE ALLAHASSEE. FLORIDA

Title:	Name and Address:	TALLAHAS
"MGR" = Manager "MGRM" = Managing Member		
M.G.R.M.	YSRAEL ReytAN 3671NW 16 TERR. MIAMI FL 33125	
M.G. R.M.	Jesus Perez 1540 SW 65 PL MIBMI FL 33144	
		· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		
ARTICLE V: Effective date, if other the (If an effective date is listed, the date in to or 90 days after the date of filing.)	an the date of filing: nust be specific and cannot be more than five	(OPTIONAL) e business days pric
REQUIRED SIGNATURE:	-AR	
Signature of a	member or an authorized representative of a memb	ber.
constitutes an affirmatio I am aware that any fals	ion 608.408(3), Florida Statutes, the execution of this on under the penalties of perjury that the facts stated he information submitted in a document to the Department forms as provided for in s.817.155, F.S.)	erein are true.

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)

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Typed or printed name of signee