

L11000120441

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

(((H11000246312 3)))



H110002463123-BCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

ACCOUNT NAME : LAZARUS CORPORATE FILING SERVICES, INC.

Account Number : I20000000019

Phone : (305) 552-5973

Fax Number : (305) 220-1440

EFFECTIVE DATE

10/19/11

****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.**LOS CIELOS ABIERTOS, LLC**

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

Second Request

FILED

11 OCT 21 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



October 13, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: CIELOS ABIERTOS, LLC
REF: W11000052598

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H11000246312
Letter Number: 311A00023479

H 1 1 0 0 0 2 4 6 3 1 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOS CIELOS ABIERTOS, 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:390 RACQUET CLUB RD APT 105
WESTON, FL 33326**Mailing Address:**390 RACQUET CLUB RD APT 105
WESTON, FL 33326**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:

MARTHA ELENA GOMEZ

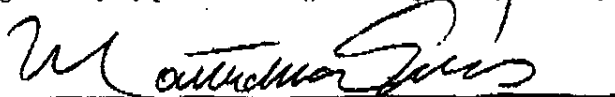
Name

390 RACQUET CLUB RD APT 105Florida street address (P.O. Box NOT acceptable)WESTON, FL 33326

City, State, and Zip

FILED
11 OCT 21 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, 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)

Page 1 of 2

H 1 1 0 0 0 2 4 6 3 1 2

H 1 1 0 0 0 2 4 6 3 1 2

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:

MGRM

MARTHA ELENA GOMEZ
 390 RACQUET CLUB RD APT 105
 WESTON, FL 33326

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/19/2011 (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.)

MARTHA ELENA GOMEZ

Typed or printed name of signer

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)

H 1 1 0 0 0 2 4 6 3 1 2

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11 OCT 21 AM 10:54

FILED