Division of Corporations Electronic Filing Cover Sheet

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

(((H12000017323 3)))



H120000173233ABCT

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 SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone 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:

FLORIDA LIMITED LIABILITY CO. BUENDIA MANAGEMENT, LLC

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

Electronic Filing Menu

Corporate Filing Genu MCLEOD

JAN 23 2012 Help

https://efile.sunbiz.org/scripts/efilcovr.exe

EXAMINER

1/20/2012

H12000017323

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

BUENDIA MANAGEMENT, 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:

11251 NW 20th Street, Suite 119 Miami, FL, 33172. 11251 NW 20th Street, Suite 119 Miami, FL, 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KARLA GABRIELA BARTOLONE

11251 NW 20th Street, Suite 119 Miami, FL 33172

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.

KARLA GABRIELA BARTOLONE

Registered agent's Stenature

(CONTINUED)
Page 1 of 2

H12000017323

12 JAN 20 AM 9: 4

H12000017323

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

KARLA GABRIELA BARTOLONE

MGRM

YULY ESTHER BUENDIA

MGRM

ARYULY BARTOLONE

REQUIRED SIGNATURE:

Signature of a trendler 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.)

KARLA GABRIELA BARTOLONE

Typed or printed name of signee

Page 2 of 2