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.

(((H12000029535 3)))



H120000295353ABC

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

Phone

: (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:		
-------	----------	--	--

FLORIDA LIMITED LIABILITY CO. ZARITA SHOES LLC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

H12000029535

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability (

The name of the Limited Liability Company is:

ZARITA Shoes LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
3900 NW 79 are	Same		
MIAMI FL 33/66			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company curront 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:

SERC	510	NiE	10	_	
Name					
3900	NW	79	ave	_	
Florida street address (P.O. Box NOT acceptable)					
Miam	1/	FL -	<u>33/66</u>	_	
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)

Page 1 of 2

H12000029535

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	Name and Address:
"MGRM" = Managing Member MGRM	SERGIO NIETO
MGR	3900 NW 79 ave Miami FL 33/66 S4bel J. GONZA/ez. 3900 NW 79 Ave
·	MIAMI Fl. 33/66
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	uis /
	or an authorized reprodentative of a member.
constitutes an affirmation under t I am aware that any false informa	who (3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
SER G	as provided for its 5.01 /.133, F.3.)

Page 2 of 2