

L12 0000 19062

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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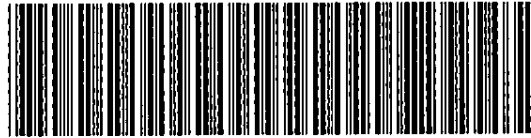
(Business Entity Name)

(Document Number)

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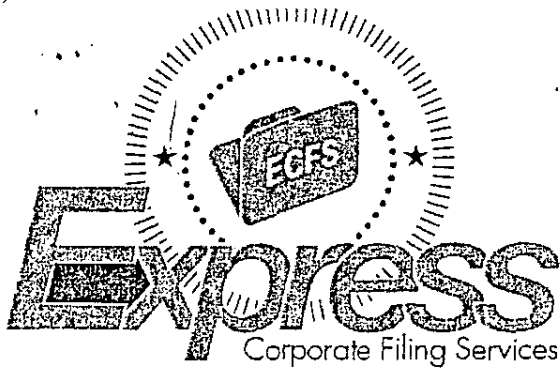
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

FEB - 9 2012

EXAMINER



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Divanova, uc (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in   
 ☒ Pick up time \_\_\_\_\_   
 ☒ Certified Copy  
☐ Mail out   
☐ Will wait   
☐ Photocopy   
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR  
THE FLORIDA LIMITED LIABILITY COMPANY**

**DIVANOVA, LLC.**

**ARTICLE I - NAME**

The name of the limited liability company is: **DIVANOVA, LLC.**

**ARTICLE - ADDRESS:**

The street address of the principal office of the limited liability company is: **100 Bayview Drive, #507, Sunny Isles Beach, FL 33160**

The mailing address of the limited liability company is: **Jose Paso 1021, Martinez, Buenos Aires, 1640 Argentina.**

**ARTICLE III - DURATION:**

The period of duration for the limited liability company shall be: perpetual.

**ARTICLE IV - MANAGEMENT:**

The limited liability company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Fernando Chalcla, 100 Bayview Drive, #507, Sunny Isles Beach, FL 33160**

**Norma Ines Manciro, 100 Bayview Drive, #507, Sunny Isles Beach, FL 33160**

**ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Operating Agreement of the Company.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:**

The right, if given, of the remaining members of the limited liability company to continue the business of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: As set forth in the Operating Agreement of the Company.

  
**FERNANDO CHALELA**

  
**NORMA INES MANCIRO**

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE, REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

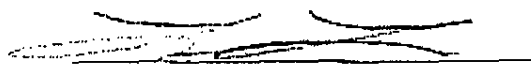
1. The name of the limited liability company is:

**DIVANOVA, LLC.**

2. The name and address of the registered agent and office is:

**Lazaro J. Lopez, Esq., 2333 Brickell Avenue, Ste., A-1, Miami, FL 33129**

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.

  
**LAZARO J. LOPEZ**

1-30-12  
Date:

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