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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
(Busines	(Business Entity Name)		
(Docume	ent Number)		
Certified Copies	Certificates of	f Status	
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T. CLINE FEB 24 2012 EXAMINER

COVER LETTER

SUBJECT:	Cla	arita LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited	d Liability Company	-
The enclosed Article	es of Organization and fee(s) are s	abmitted for filing.	
Please return all con	espondence concerning this nume	r to the following:	
-97-00-		da Duran	Treatment to
	1	Name of Person	
		Firm/Campuny	
	251 Galen	Drive Unit 208	
		Address	
		yne, FL 33149	, 16-1,
	City/	Nute and Zip Code	
	Famial address; (to be used to	r future armual report notification)	2 28
For further informati	on concerning this matter, please) 	FEB
Sand	ra Centeno	786 , 2203326	8 23 K
·	me of Person	at (786) 2203326 The Area Code & Daytime Telephone Number 1	OF S
		18 18	STATE
Enclosed is a check	for the following amount:	7-	''' 45
\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy Certified Copy (additional copy is enclosed)	atus &
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Clarita LLC			
(Must end with the words "Li	mited 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:	Mailing Address:		
251 Galen Drive Unit 208 Key Biscayne, FL 33149	251 Galen Drive Unit 208 Key Biscayne, FL 33149		
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	ndra Centeno		
1111 Bricke	ell Avenue Ste 1100		
	a street address (P.O. Box NOT acceptable)		
Miami	_{FL} 33131		
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	City, State, and Zip It and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S This Signature (REQUIRED)		

(CONTINUED)

Page 1 of 2

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: "MGR" = Manager "MGRM" = Managing Member MGR Ada Duran 251 Galen Drive Unit 208 Key Biscayne, FL 33149 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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: (In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein argume. 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.) Ada Duran Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)S 5.00 Certificate of Status (Optional)