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	•			
(Requestor's Name)				
(Ad	dress)			
(Address)				
		•		
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
	,			
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to i	Filing Officer:			

Office Use Only



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SEGRETARY OF STATE
ALLAHASSEE; FLORIDA

K.SALY EXAMINER FEB 27 2012

COVER LETTER

10:	Division of Corporations					
SUBJI	ECT:	$\mathcal{D}\mathcal{E}$	TODO	LLC		
		Na	ne of Limited	Liability Compa	ny	
The en	closed Articles	s of Organization and	d fee(s) are su	bmitted for filing		
Please	return all corre	espondence concerni	ng this matter	to the following:		
		MARIA			CHANG	
			N	ame of Person		
			F	irm/Company	····	
		700 544	7 b T H	AUFAIUF //	wit BU7	a
		700 SW	10 1	AVENUE U Address	7011	
			PLANTA	1100 FCU	RIDA 3	3324
			-	State and Zip Code		
	<u> </u>	E-mail address:	A &O (Q) G1 (to be used for	future annual repor	rt notification)	
For fur	ther information	on concerning this m	atter, please c	all:		
-7	MARIA	PERNIA	1	at (626) Area Code	636 - 180	90
	Nan	ne of Person		Area Code	& Daytime Tele	phone Number
Enclos	sed is a check	for the following	amount:			
\$125.00	Filing Fee	\$130.00 Filing Certificate of		\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Se Division of Co P.O. Box 6327	ction rporations	Registratio	of Corporations uilding	; V\$.

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
DE TODO LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 SW 78TH AVENUE UNIT BIIZ7 PLANTATION FLORIDA 33324	700 SW 78TH AVENUE UNIT BIIZ7 PLANTATION FLORIDA 33324
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
NRAI Service	s Inc.
Name	を
515 E. Park	Avenue SSS (P.O. Box NOT acceptable)
	ess (P.O. Box NOT acceptable)
Tallahassee, City, Stat	Avenue ess (P.O. Box NOT acceptable) FL 32301 e. and Zip
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of alformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
	eter F. Souza Stant Secretary
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

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 "MGRM" = Managing Member	Name and Address:				
MGR	MARIA PERNIA 700 SW 78TH AVENUE UNIT BII27 PLANTATION FL 33324				
MGR	DANIEL PERNIA AVENIDA OHIGGINS. ZES VIRGEN DE BETANIA #12D FL PARAISO CARACAS-VENEZUELA				
					
(Use attachment if necessary) ARTICLE V: Effective date, if other than 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.)					
<u> МАРІА</u> Туре	ed or printed name of signee				

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)