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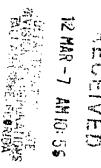
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Walkelin

Office Use Only



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SECRETARY OF STATE
AND ASSECT OF TORID.

J. SAULSBERRY EXAMINER MAR\_ 8 2012

## LAZARUS

### **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

MIAHI, FE 33103 (303)	332 3373	•	
	<del>)</del>	Office Use Only	
CORPORATION NAME(S) & DOC	CUMENT NUMBER(S), (if	known):	
1. LOS TA	JIBOS, LLC (Document #)		
2. (Corporation Name)	(Document #)		
3. (Corporation Name)	(Document #)		
4.		TALLAH	2012 MAR
(Corporation Name)	(Document #)	ASSE	2-1
Walk in Pick up time		Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	9: 22
1 NEW FILINGS	<b>AMENDMENTS</b>	,_	,
Profit  Not for Profit  Limited Liability  Domestication  Other	Amendment Resignation of F Change of Regis Dissolution/With		
OTHER FILINGS	REGISTRATION/O	QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship	
		Examiner's Initials	<del></del>

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Compan	ıy is:				
	IBOS, LLC				
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
The mailing address and street address of the	he principal office of the Limited Liability Compa	ıny is:			
Principal Office Address:	Mailing Address:				
888 BISCAYNE BLVD APT 3804	888 BISCAYNE BLVD APT 3804				
MIAMI, FL 33132	MIAMI, FL 33132	MIAMI, FL 33132			
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of I RUBEN DARIC N  888 BISCAYN  Florida street MIAMI	tered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another  The registered agent are:  D MONTERO PEREZ  Name  NE BLVD APT 3804  Let address (P.O. Box NOT acceptable)  FL 33132  Itate, 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

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" = Manag "MGRM" = Mar		Name and Address:		
WIGHNY — Widi	laging Member			
MGRM	<u> </u>	DENICE PARADA DE MONTERO		
		888 BISCAYNE BLVD APT 3804		
		MIAMI, FL 33132	<del></del>	•
		•		
MGRM		RUBEN DARIO MONTERO PEREZ	<del></del> -	
888		888 BISCAYNE BLVD APT 3804		
		MIAMI, FL 33132		
			<u> </u>	
	<del></del>			
	date, if other than the date ted, the date must be sp	e of filing: ( ecific and cannot be more than five bu	(OPTIONAL) Isiness days pri	or
to or youngs niter the di				
<u>required</u> Si	Signature of a member or  (In accordance with section of this document constitute that the facts stated herein	an authorized representative of a member.  608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)  RIO MONTERO PEREZ	2012 HAR -7 AM 9: 2 SECRETARY OF STATE TALLAHASSEE, FLORID	T