Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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.

(((H12000062629 3)))



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 : 120000000019 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.

Rmail Address:

FLORIDA LIMITED LIABILITY CO.

MIAMI CARBONIC LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN

MAR 3/8/2012

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

H12000062629

ARTICLES OF ORGAN	ZATION FOR FLORIDA LIMITED LIABILITY COMPANY
	\$50 E
ARTICLE I - Name:	
The name of the Limited Li	ability Company is:
	(g/2,)
MIAMI C	ARBONIC LLC
	the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	and address of the principal office of the Limited Linkilla, Comments in
the maining address and su	eet address of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4/80 NW 32 A	
MIAMI, FL 531	42 <u>MIAMI, FL 33/42</u>
	Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company car business entity with an active Flori	mot serve as its own Registered Agent. You must designate an individual or another
:	,
The name and the Florida s	reet address of the registered agent are:
4	Inners Alvarez
	Name
	4/80 NW 32 AVE
	Florida street address (P.O. Box NOT acceptable)
J	
	MIAMI FL 33/4/2 City, State, and Zip
1	
	istered agent and to accept service of process for the above stated limited
	place designated in this certificate, I hereby accept the appointment as
	to act in this capacity. I further agree to comply with the provisions of all sper and complete performance of my duties, and I am familiar with and
	f my position as registered agent as provided for in Chapter 608, F.S
	egistered Agent's Signature (REQUIRED)
	-2
	(CONTINUED)
•	Page 1 of 2
	I 450 I 44 P

H12000062629

H12000062629

	s) or Managing Member(s): ach Manager or Managing Member is as follows:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mc	Name and Address:	
MERM	Anges Aluarez 4180 MW 32 AVE MIAMI, FL 33142	
MGRM	Angel L Fernandez JR 4180 NW 32 AVE MIAMI FL 33142	
MGRM	SILVIO FEVALUOEZ 4180 LEW 32 AVE	
	MIAMI , FL 33/42	
(Use attachment if necessa	ry)	
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 SIGNATUR	E:	
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.)		
Andres Alvarez Typed or printed name of signee		
	Typed or printed name of signee	

Page 2 of 2