

L12000053376

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 04-19-12

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. AURORA MANAGEMENT GROUP LLC

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

RECEIVED
12 APR 19 AM 7:09
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

B. BOSTICK

Help APR 20 2012

EXAMINER

H12000105499

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AURORA MANAGEMENT GROUP 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 principal office of the Limited Liability Company is:

Principal Office Address:

8005 SW 107TH. AVENUE
APT. 209
MIAMI, FL. 33173

Mailing Address:

8005 SW 107TH. AVENUE
APT. 209
MIAMI, FL. 33173

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GUARIEN E. CABRERA

Name

8005 SW 107TH. AVENUE, APT. 209

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL 33173

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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)

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BETTER BUSINESS CONS

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

GUARIEN E. CABRERA
8005 SW 107TH AVENUE APTD. 209
MIAMI, FL 33173

MGRM

MANUEL ORTEGA
1082 TUPELO WAY,
WESTON, FL 33327

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 19 AM 7:50

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 19, 2012 (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:



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.)

GUARIEN E. CABRERA

Typed or printed name of signer

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)

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