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(Re	questor's Name)	
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J. BRYAN

APR 24 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
CUDU	EARTH SPOON, LLC	
SUBJI	Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Washington Salinas	
	Name of Person	
	Firm/Company	1
	5979 NW 151st Suite 240	
	Address	U
	Firm/Company  5979 NW 151st Suite 240  Address  Miami Lakes, Florida 33014  City/State and Zip Code	
	City/State and Zip Code	) <b>)</b>
-	joshsalinasa@gmail.com  E-mail address: (to be used for future annual report notification)	
For fur	her information concerning this matter, please call:	
Was	nington Salinas at (305 ) 825-1997	
	Name of Person Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
\$1 <b>2</b> 5.00	Filing Fee \$\bigcup \text{\$\subset\$\$130.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## NY LLED S. 28 PH 3: 28 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIT **ARTICLE I - Name:** The name of the Limited Liability Company is: EARTH SPOON. 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: Mailing Address:** 5979 NW 151 Street SAME Suite 240 Miami Lakes, FL 33014 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: CYNTHIA PEREZ Name 5979 NW 151 St Suite 240 Florida street address (P.O. Box NOT acceptable) FL 33014 City, State, and Zip Miami Lakes 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. /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.. nature (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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	Cynthia Perez 5979 NW 151 Street suite 240 Miami Lakes, FL 33014
WON	Cynthia Perez 5979 NW 151 Street suite 240
	Miami Lakes, FL 33014
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	L. CCI. (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: (OPTIONAL)  e specific and cannot be more than five business days p
ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business days p
ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	
ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member constitutes an affirmation under I am aware that any false information for the days of the d	e specific and cannot be more than five business days
ffective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

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)