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SECRETARY OF STATE

T. CLINE
MAY 2 1 2012
EXAMINER

COVER LETTER

	on Section of Corporations			
SUBJECT: \(\frac{1}{\lambda}\)	Name of Limited L	pers		
•	Name of Limited L	лавину Сотрану		
The enclosed Artic	les of Organization and fee(s) are sub-	mitted for filing.		
Please return all co	rrespondence concerning this matter to	o the following:		
	Sochen Form	me of Person		
	peep Sea Re	ETSS		
	00-	m/Company		
	2970 565 128	Address		
į	Miani, FI	33175		
	City/Sta	ate and Zip Code		
	E-mail address: (to be used for fi	iture annual report notification)		
For further informa	tion concerning this matter, please cal	l:		
<u>Joshua</u>	Terrundez at	(<u>305</u>) <u>987</u> Area Code & Daytime Te		
Enclosed is a chec	ck for the following amount:		Z012 SECR TALLA	•
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Satus & Certified Conversed (additional conversed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons on Circle	Western State of the State of t

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC)
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
2970 SW 128 ave Migmin FL 33175	= Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Name	emandez	
	ress (P.O. Box <u>NOT</u> accepta FL 33/96 te, and Zip	ble)
Having been named as registered agent and to a 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 accept the obligations of my position as regis Registered Agent's Signature.	nis certificate, I hereby ac t. I further agree to comp formance of my duties, a tered agent as provided f	ocept the appointment as oly with the provisions of all and I am familiar with and
(CONTINI	J ED)	AM III: L
Page 1 of 2		D

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:
P VP	Joshua Jorge Herrortez 14100 Bip 1822 ave Miami, FC 33186
	Johan Carvaja 1 14336 OW 97 Ferr
SCITR	Harros Castro 2970 800 128 ave Hlanni, FL 33175
MGR	Rody Chavez 13064 300 88 Lane Highi, FC 32186
(Use attachment if necessary)	
	te of filing: 05. 24 2012. (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	3
(In accordance with section 608.408 constitutes an affirmation under the	an authorized representative of a member. 8(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
John	Temander 2
Filing Fees:	or printed name of signee
\$125.00 Filing Fee for Articles of Organiza	ition and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	
a save Certificate of Status (Optional)	and the second of the second o