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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number: 120000000019 Phone : (305)552-5973

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**Enter the email address for this business entity to be used for flut annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. COMIDAS NICARAGUENCES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

H12000150803

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lin	e: ited Liability Company is:			
Comido	S NICARA Quen Ces LLC end with the words "Limited Limited Limi			
ARTICLE II - Add				
Principal Office Ad	dress: Mailing Address:			
138/NU Minni	1 375T E/A 33142			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company carnot serve as its own Registered Agent. You must designate an individual or mother business entity with an active Florida registration.)				
The name and the Florida street address of the registered agent are:				
7	MIGUEL Antonio Olivas - Carvaja Fi			
-	1381 NW 37 ST Florida street address (P.O. Box NOT acceptable) MIAMI PL 33142			
-	City, State, 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

H12000150803

H12000150803

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	MIGUEL A. OLIVAS - CARVAJAL 1381 NW 37 ST MIGNU FL 33142
MGR	DENNIA S. ESTRADA DE OLIVA 1381 NW 37 ST MIAMI FL 33142
	
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	2012 SEG TAFE
ARTICLE V: Effective date, if other than the of (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPFIONAL) specific and cannot be more than five business days prior
<u>required</u> signature:	
Signature of a member	Theorem authorized representative of a member.
(In accordance with sec of this document consti- that the facts stated h	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
·· MIGUEL	A. OLIVAS - CARVATAL ped 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)

Page 2 of 2