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.

(((H12000156523 3)))



fl 20001 565233ABCZ

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 SERVIC

Account Number : 120000000019

: (305)552-5973

Phone 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.\*\*

Email Address:

#### FLORIDA LIMITED LIABILITY CO.

### MELANTE INVESTMENT, LLC

NE SETVED JUN 12 PH SATE CHETARY OF STATE LAHASSEE, FLORID

The above that the matter with the later of the attention of the	ييي مرجمة بعديد المجادة المعطيق المحورة
Certificate of Status	1
Ccrtified Copy	0
Page Count	03
Estimated Charge	\$130.00

K.SALY EXAMINER JUN 13 2012

Electronic Filing Menu

Corporate Filing Menu

Help

# H12000156523

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, , , , , , , , , , , , , , , , , , ,
ARTICLE I - Name: The name of the Limited Liability Con	คองกุบ โลง
in a series of the series of t	ppany is-
	Investment, LLC
(Must end with the words "Lin	nirad 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:
4301 S Flamingo Rd, Suite 101	4301 S Flamingo Rd. Suite 101
Davie, FL 33330	Devie, FL 33330
221107.20000	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signatures own Registered Agent. You must designate an individual or acoust.  Of the registered agent are:
The name and the Florida street address	of the registered agent are:
Marisol Merino	mo 📮 C
	Name :
	ingo Rd, Suite 101
Florida .	street address (P.O. Box NOT acceptable)
Davie	<sub>т.</sub> 33 <b>33</b> 0
	City, State, and Zip
Having been named as registered agent	and to accept service of process for the above stated limited uted in this certificate, I hereby accept the appointment as
	capacity. I further agree to comply with the provisions of all
statutes relating to the proper and con-	plete 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
( Ya	ruol lerino.
Registered Agen	's Signature (REQUIRED)
(C0	ONTINUED)
ra	gs1 of2

H12000156523

## H 1 2 0 0 0 1 5 6 5 2 3

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
and the second s	•
Manager	Irene Lytila Da Coste Leite-Morant
	4301 S Flamingo Rd. Suite 101
	Davie, Fl. 33930
Manager Member	Mathide Davila Morant
	4301 8 Flamingo Rd. Suite 101
	Davie, Ft. 33830
Manager Member	Nelson Devilo
	4301 S. Flamingo Rd. Builte 101
	Davie, 11 33330
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
E V: Effective date, if other than th	edute of filing:
	be specific and cannot be more than five business d
lays after the date of filing.)	
REOTHRED SIGNATURE:	
The state of the s	e late
	er or an authorized representative of a member.
Signature of a memb	•

Thing Feels

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

rage 2 of 2

Irene Lydia Da Costa Leite-Morant

H12000156523

Typed or printed name of signee