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.

(((H120001628783)))



e: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.			
	,		
o:			
	Division of Corporations		
	Fax Number : (850) 617-6383		
rom;			
	Account Name : LAZARUS CÒRPORATE FILING SERVICE, INC.		
	Account Number: 12000000019	_	
	Phone : (305) 552-5973	-	
	Fax Number : (305)220-1440	<u>ر</u>	
ter t ann	Fax Number : (305)220-1440	_	
ann	e email address for this business entity to be used for this	- S	
ann	e email address for this business entity to be used for futual report mailings. Enter only one email address please		
ann	e email address for this business entity to be used for the last report mailings. Enter only one email address please.  Address:  FLORIDA LIMITED LIABILITY CO.	- S	
ann	e email address for this business entity to be used for will all report mailings. Enter only one email address please.  Address:  FLORIDA LIMITED LIABILITY CO.  CONFUCIO EXPRESS SOUTH MIAMILLC	- S	
ann	e email address for this business entity to be used for of the last report mailings. Enter only one email address please.  Address:  FLORIDA LIMITED LIABILITY CO.  CONFUCIO EXPRESS SOUTH MIAMILLC  Certificate of Status  1	- S	

Electronic Filing Menu

Corporate Filing Menu

**EXAMINER** 

Help

-H Miami. LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## H12000162878

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Musicato with the words "Limited Company, "L.L.C., of "LLC.)	
ARTICLE U - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
8268 Hills Drive  #230  #10mi FL: 33183  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 affoliar business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:    Calvaro E. Po-Castro   5   5     Name	•
·	

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 (RECURED)

(CONTINUED) Page 1 of 2

H12000162878

## H12000162878

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ALVARO E. PUPO-CASTRO BOI Brickell BAY Dr. Apro 1466 MIAMI FL 33131
MGRM	Shirley Carriazo 10345 SW 8 TERR Miami FL 33174
<u> </u>	SE CRE JAN SE CAN AND AND AND AND AND AND AND AND AND A
(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business days prior
•	gr w
REQUIRED SIGNATURE:	
Signature of a member (In accordance with se	er or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penaltics of penjury herein are true.)

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