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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone : (305) 552-5973

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: (305)220-1440

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

Ema	1	ì	Address:

### FLORIDA LIMITED LIABILITY CO. TRUE ELEMENT LLC

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**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

## H12000165580

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I- Name:

The name of the Limited Liability Company is:

### TRUE ELEMENT LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 20100 W. COUNTRY CLUB DR APT 1703 AVENTURA, FLORIDA 33180

Mailing Address: 20100 W. COUNTRY CLUB DR. APT 1703 AVENTURA, FLORIDA 33180

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:

### **R&P ACCOUNTING & TAXES INC**

<u>Name</u>

150 S.E 2<sup>ND</sup> AVE SUITE 1110

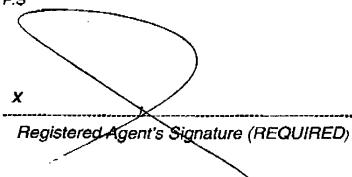
Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33131 FL City, State, and Zip

H12000165580

## H12000165580

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



ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

#### Title:

MGRM RICHARD DOS SANTOS

20100 W. COUNTRY CLUB DR APT 1703 AVENTURA, FLORIDA 33180

MGRM KELLI BROCKMEYER

20100 W. COUNTRY CLUB DR APT 1703 AVENTURA, FLORIDA 33180

(Use attachment if necessary)

TALEGRATARY OF SAME

ARTICLE V: Effective date, if other than the date of filing (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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REQUIRED: SIGNATURE

Signature of a mamber or an authorized representative of a member.

(in accordance with section 608.408(3), Plonda Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are time.)

RICHARD DOS SANTOS

Typed or printed name of storag

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