

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.

(((H120001923463)))



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

: DORAL NOTARY CORPORATE FILING, INC

Account Number : I20120000057

: (305)436-0979

Phone Fax Number

: (305)592-5575

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. W3 LLC

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$125.00

K. SALY EXAMINER 701 3 0 5015

Electronic Filing Menu

Corporate Filing Menu

Help

H12000192346

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ETECTIVE DATE
W3 LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1370 WASHINGTON AVE SUITE # 214 MIAMI BEACH, FL 33139 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
LOUIS RENE ARZU	
Name	LAVE STE # 214
1370 WASHINGTON	
Florida street add	ress (P.O. Box NOT acceptable)
MIAMI BEACH	FL 33139
City, Star	te, 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

HIZOOOTJ2346

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	Name and Address:
"MGRM" = Managing Meml	ber
MGR	ALASHE KALASH NELSON (80%)
	1370 WASHINGTON AVE #214
	MIAMI BEACH, FL 33139
MGR	LOUIS RENE ARZŲ (20%)
	1370 WASHINGTON AVE # 214
	MIAMI BEACH, FL 33139
(Use attachment if necessary))
	than the date of filing: 07/30/2012 . (OPTIONAL) comust be specific and cannot be more than five business days price.
<u>REQUIRED</u> SIGNATURE	:

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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

LOUIS RENE ARZU

Typed or printed name of signee

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