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J. SAULSBERRY EXAMINER AUG 1 6 2012

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT:	24, C.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Maria C. Fernandez- Llanusa	
Name of Person	
ALE	
Firm/Company	1
Firm/Company 1414 N.W. 107 Aversus # 109 SET	
Address	
Mianei, FL 33172.	1
Mianei, FL 33172. City/State and Zip Code MCFERNANDEZ 1950 DEMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARIA C. FEANANDEZ at (305) 978-2699 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\$130.00 Filing Fee \$\$155.00 Filing Fee \$\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status \$	
Ch check was onclused. (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

I

Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

ARTICLE II - Address:

The

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

Principal Office Address:	Mailing Address:
1414 N.W. 107 MANC. Buite 109	1414 N.W. 107 th Ave Soite 109
Mi Ani, FI. 33172	MiAMI, FI. 33172

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.)

name and the Florida street address of the registered agent are: $ \underbrace{\mathcal{M}}_{\text{Name}} = \underbrace{\mathcal{M}}_{\text{Name}} + \underbrace{\mathcal{M}}_{\text{Name}}$	SECRETARY O	2012 AUG J.5 /	
Florida street address (P.O. Box <u>NOT</u> acceptable) <i>HiALEDA</i> <u>FL</u> <u>33012</u> City, State, and Zip	NE	IM 8# 22	<u> </u>

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:

Name and Address:

"MGR" = Manager "MGRM" = Managing Member

Manager

C. Fernandez Manusq 101 Ave Sterog

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(Use attachment if necessary)

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.)

<u>REQUIRED</u> SIGNATURE:

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

(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.)

Maria C. Fernandez - Manusq. 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)