L12000125767

(Requestor's Name)	_		
(Address)	_		
(Address)	_		
(City/State/Zip/Phone #)	_		
PICK-UP WAIT MAIL			
(Business Entity Name)	_		
(Document Number)			
Certified Copies Certificates of Status	_		
Special Instructions to Filing Officer:			
,			
	-		

Office Use Only

B. KOHR

OCT _2 2012

EXAMINER



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10/01/12--01058--010 **130.00



COVER LETTER

Division of Corporat	ions		
SUBJECT: Safra, LLC	2		
	Name of Limit	ed Liability Company	
The enclosed Articles of Organ	, ,	_	12 OCT - PH 4: W
Alina Miro			SSE
7 time Trino		Name of Person	70 4
		Firm/Company	<u> </u>
		1 miz company	
15476 N.W. 7	7th Court, PN	/IB# 320	
		Address	
Miami Lakes, F	1 33016		
Wildith Lakes, 1		y/State and Zip Code	
SafraLLC@gmai	l.com		
		or future annual report notification)	
For further information concern	ning this matter, please	e call:	
Alina Adira		700 054 0445	
Alina Miro Name of Perso		at (786) 351-0445 Area Code & Daytime Tele	mhona Numbor
Name of Ferso	11	Area Code & Daytime Tele	phone Number
Enclosed is a check for the f	ollowing amount:		
	0.00 Filing Fee & rtificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

"
- Kick E
L.C.," or "LLC.")
ALE TO
e of the Limited Liability Company is:
ddress:
M 77th Court
V. 77th Court
es, FL 33016
.es, FL 33010
ent are:
NOT acceptable)
4
e of process for the above stated limited

Page 1 of 2

(CONTINUED)

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 "MGRM" = Managing Member	Name and Address:
MGR	Alina Miro 14221 Lake Childs Ct Miami Lakes, FL 33014
(Use attachment if necessary)	
RTICLE V: Effective date, if other than to an effective date is listed, the date must or 90 days after the date of filing.)	the date of filing: (OPTIONAL) the specific and cannot be more than five business days prior
<u>required</u> signature:	00/1
Signature of a men	aber or an authorized representative of a member.
constitutes an affirmation un I am aware that any false inf	508.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
Alina Miro	
	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)