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## **COVER LETTER**

Division of Co			•
SURJECT: Stunt	s Rigging & Resc	ue LLC	
		ed Liability Compa	ny .
The enclosed Articles of	of Organization and fee(s) are	submitted for filing	
Please return all corresp	pondence concerning this matt	er to the following:	
Jorge Lu	is Benitez		
		Name of Person	
<del></del>		Firm/Company	1000 0 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
13155 ixo	ora ct apt 507		
<del></del>	······································	Address	
N Miami fl	33181		
		y/State and Zip Code	
seaops@ya	ahoo.com  E-mail address: (to be used f	la fatura annual cana	
Pan Carlo and the Carrows of a con-	,	-	n notification)
For further information	concerning this matter, please	caii:	
Eric Mainade		_ <sub>at (</sub> 786)	942 6972
Name	of Person	Area Code	& Daytime Telephone Number
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	y Certificate of Status &
6	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:
Stunts Rigging & Rescue LL  (Must end with the words "Limited L	_C Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2600 nw 36st miami fl 33142	13155 ixora ct apt 507 N.Miami FI 33181
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)  The name and the Florida street address of t  Jorge Luis Benitez	ame SSE P
	t address (P.O. Box NOT acceptable)
N.Miami	FL 33181
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## 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:
MGRM	Eric Mainale 777 Ne 62 St AD # C-108 MIAMI F/, 33138
MGRM	Jorgé Luis BOUTEL 13155 IXORA CT 507 Nimiami 33181
***************************************	
(Use attachment if necessary)	
	ne date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
<b>REQUIRED</b> SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Jorge L Beni	
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)