

L12000150317  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*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.  
PARVA DOMUS LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

D. BRUCE

DEC 03 2012

EXAMINER

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARVA DOMUS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSANA FROHLICH  
Name of Person  
IGMASA MANAGEMENT SPAIN SRL CORPORATION  
Firm/Company  
175 SW, 7th STREET, UNIT 2006  
Address  
MIAMI FLORIDA 33130  
City/State and Zip Code  
im.usa@igmasa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSANA FROHLICH at ( 305 ) 989-54-04  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate 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)

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PARVA DOMUS LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

175 SW, 7th STREET, UNIT 2006  
MIAMI  
FLORIDA 33130

175 SW, 7th STREET, UNIT 2006  
MIAMI  
FLORIDA 33130

**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:

IGMASA MANAGEMENT SPAIN SRL CORPORATION

Name

175 SW, 7th STREET, UNIT 2006

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

MIAMI

FL 33130

City, State, 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.*

IGMASA MANAGEMENT SPAIN SRL CORPORATION

By:

[Signature]  
Registered Agent's Signature (REQUIRED)

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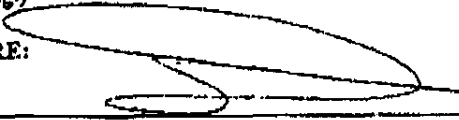
**ARTICLE IV- Manager(s) or Managing Member(s):**  
 The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>BEATRIZ FROHLICH</u>
	<u>175 SW 7th street Unit 2006</u>
	<u>Miami - FL 33130</u>

(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.)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature 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.)

Sonia CAPDEPERRO on behalf of Member

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fees:**

- \$115.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 TALLAHASSEE, FLORIDA

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FL072 - 03/09/2010 CT System Update