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(Re	questor's Name)	<u>.</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED
2013 JAN 22 PH 3: 45
SECRE JARY OF STATE
TALLAHASSFF, FLORINA

JAN 2 3 2013 J. BRYAN

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	Effeta LL	.C.	
		Name of Limit	ed Liability Company	
The end	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please i	return all corresp	ondence concerning this matt	er to the following:	7 2
		Gabriela Ala	onso	2013 JAN 22 PM
			Name of Person	Assort
		Effeta U	<u>C.</u>	Fig. 3
			Firm/Company	STATE FLORID
	4	07 Perugia A	Ne	景が
	•	J.	Address	
	(oral Gables, F	L 33146	
•	50	Cit	23146 y/State and Zip Code or future annual report notification)	··
-	effet	Taliscano (9 gm E-mail address: (to be-ased f	or future annual report notification)	
For furt		concerning this matter, please		
		,		
Gab	<u>riela Alo</u>	of Person	_at (<u>305</u>) <u>753 - 84</u> Area Code & Daytime Telep	
	Name	of a cison	Area code & Daytine Telep	none (value)
Enclos	ed is a check for	or 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Effeta 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:
407 Perugia Ave Coral Gables, FL 33146 Coral Gables, FL 33146
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:
Gabriela Alonso Name
407 Perugia Ave Florida street address (P.O. Box NOT acceptable)
Coral Gables, FL 33146 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

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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Membe	Managing Member(s): Manager or Managing Member is as follows: Name and Address:
H6R_	Gabriela Alonso 407 Parvaia Ave Coral Gables, FL 33146
M6B	Miguel Liscano 407 Perugia Ave Coral Gables, FL 33 146
Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONAte must be specific and cannot be more than five busine iling.)
LE V: Effective date, if other fective date is listed, the date or 90 days after the date of f	te must be specific and cannot be more than five busine
LE V: Effective date, if other fective date is listed, the date of 90 days after the date of fective date after the date of fective days after the date of fective date.	te must be specific and cannot be more than five busine illing.)

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)