

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000017703 3)))



H130000177033ABCW

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1200

**\*\*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.  
LAS RUEDAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JAN 24 2013

A. LUNT

RECEIVED

13 JAN 23 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H13000017703 3

**ARTICLES OF ORGANIZATION  
OF  
LAS RUEDAS, LLC**

**ARTICLE I-NAME**

The name of the limited liability company shall be LAS RUEDAS, LLC (the "Company").

**ARTICLE II-MAILING AND STREET ADDRESS**

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

104 Hispaniola Lane  
Bonita Springs, Florida 34134

**ARTICLE III-EFFECTIVE DATE**

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

**ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent of the Company are:

**Name**

**Address**

SILVIA K. GALMARINI

104 Hispaniola Lane  
Bonita Springs, Florida 34134

**ARTICLE V-PURPOSE**

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

**ARTICLE VI-MANAGEMENT OF THE COMPANY**

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

FAX AUDIT NO.: H13000017703 3

2013 JAN 23 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H13000017703 3

NameAddress

SILVIA K. GALMARINI

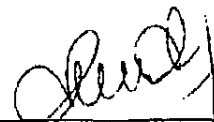
104 Hispaniola Lane  
Bonita Springs, Florida 34134

DANIEL H. GALMARINI

104 Hispaniola Lane  
Bonita Springs, Florida 34134ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 18 day of January, 2013.

✓   
\_\_\_\_\_  
SILVIA K. GALMARINI  
Authorized Representative

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN 23 AM 11:46

FILED

FAX AUDIT NO.: H13000017703 3

FAX AUDIT NO.: H13000017703 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: LAS RUEDAS, LLC.
2. The name and address of the registered agent and office are:

Silvia K. Galmarini  
104 Hispaniola Lane  
Bonita Springs, Florida 34134

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.



SILVIA K. GALMARINI  
Registered Agent

2013 JAN 23 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT NO.: H13000017703 3