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N. COMPANY FEB 1.1 2003

COVER LETTER

TO: Registration Section Division of Corporations
London Argentina, LLC SUBJECT:
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Authority and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicholas S. Turner
Name of Person
Firm/Company
20533 Biscayne Blvd
Address
Suite 280
City/State and Zip Code
Aventura, FI 33180
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nicholas S. Turner at (305) 30-79896
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

OND: The l	T1 1		1.42000040	600
	riorida Document N	umber of the limited liab	ility company is: L13000049	1089
	eet address of the lir Biscayne Blvd	nited liability company's	principal office is:	
Suite 2	280			
Avenu	tra, Fl 33180			
	ailing address of the Biscayne Blvd	limited liability company	's principal office is:	
Suite 2	280			
Avent		· · · · · · · · · · · · · · · · · · ·		
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Filing Fee:

\$25.00 Certified Copy: \$30.00 (optional)

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