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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2813 JUL 15 PM 3: 57
SECRETARY OF STATE
AND A MASSEF, ET ORIDA

B. BOSTICK

JUL **16** 2013

EXAMINER

COVER LETTER®

TO: **Registration Section Division of Corporations** *

SADEMO USA, 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:

rease return an corresp	bondence concerning this man	iei to the following	1			
Carlos	E. Casuso					
		Name of Person				
Law Of	fices of Carlo	s E. Cası	JSO			
		Firm/Company				
8251 S	.W. 52nd Ave	nue				
		Address				
South N	Miami, FL 33	143				
•	Cir	ty/State and Zip Code			=	~
caslogas(@aol.com; marys.	casusolaw@	ൂgmail.co	om		<u></u>
	E-mail address: (to be used	for future annual repo	ort notification)			=
For further information	concerning this matter, please	e call:			ASSI	2013 JUL 15
Mary O. Sa	anchez	_at (305	661-5	786	H 21 5	PH
Name	of Person		& Daytime Tele	phone Number	TOWN TO THE	PH 3: 57
Enclosed is a check fe	or the following amount:				_	
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	U\$155.00 Filin Certified Co (additional copy	ру	\$160.00 Fi Certificate Certified ((additional c	of Statu: Copy	s &
	Mailing Address	Stroot/C	nurior Address			

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
SADEMONICA II C				
SADEMO USA, LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")			
(, , , , , , , , , , , , , , , , , , , ,			
ARTICLE II - Address:				
The mailing address and street address of the p	rincipal office of the Limited Li	iability Co	ompan	y is:
Principal Office Address:	Mailing Address:			
8251 S.W. 52nd Avenue	8251 S.W. 52nd Avenue			
Miami, Florida 33143	Miami, Florida 33143			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the interest of the server of the serv	tered Agent. You must designate an indiv			
Carlos E. Casuso Name		#E	=	Trents same
		SE	5	il Transfer
8251 S.W. 52nd Avenue		1	子	1 1
	dress (P.O. Box <u>NOT</u> acceptable)		PM 3: 5	1
Miami, FL 33143	FL	警司	C)	
City, St	ate, and Zip	* Di		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as referenced Registered Agent's Signal	this certificate, I hereby accept to the city. I further agree to comply we te performance of my duties, and existered agent as provided for inture (REQUIRED)	he appoir ith the pro l I am fan	ntment ovision niliar w	as s of vith
(CONTIN	IUED)			

Page 1 of 2

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:
MER	Emigdio Suarez - Manager
	8251 S.W. 52nd Avenue, Miami, Florida 33143
MGRM	Sademo Family Group - Manager Member
	8251 S.W. 52nd Avenue, Miami, Florida 33143
	SECRETARIA MIL
	SET OF
	<u> </u>
(Use attachment if necessary)	₽ →
ARTICLE V: Effective date, if other than (If an effective date is listed, the date m prior to or 90 days after the date of filing.	ust be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Gun	e 7 Jane
Signature of a men	ber or an authorized representative of a member.
(In accordance with section of constitutes an affirmation unly a maware that any false info	608.408(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.)
Carlos E. Casuso	
	Typed or printed name of signee
Filing Fees:	

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)