

07/25/2031 4:34

81 4:34 Florida Department of State #7216-0014  
L13000129632  
Division of Corporations  
Electronic Filing Cover Sheet

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.**

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**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**Email Address:**

2013 SEP 12 AM 9:39  
SCHOOL OF NATURE & STATE  
TALLAHASSEE FLORIDA

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**FLORIDA LIMITED LIABILITY CO.**

ALL KNEW LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 13 2013  
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## Electronic Filing Menu

## Corporate Filing Menu

## Help

413000205108

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ALL KNEW LLC

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

**ARTICLE II - Address:**

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

Principal Office Address:

2250 NW 114 AVE UNIT 1  
MIAMI, FL 33172

Mailing Address:

2250 NW 114 AVE UNIT 1  
MIAMI, FL 33172

SEARCHED  
INDEXED  
FILED  
SERIALIZED  
4-38  
2013 SEP 12

**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:

LUIS ROSALES

Name

5931 NW 173 DRIVE STE 9

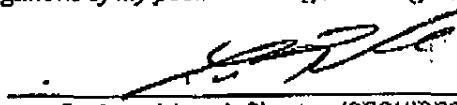
Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

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..*

  
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

PESBA WORLD CORP

2250 NW 114 AVE UNIT 16  
MIAMI, FL 33172

MANAGER

VALERIA VASQUEZ

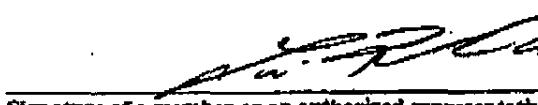
3240 SW 188 TERRACE  
MIRAMAR, FL 33029

2013 SEP 12 AM 9:39  
PESBA WORLD CORP  
2250 NW 114 AVE UNIT 16  
MIAMI, FL 33172  
VALERIA VASQUEZ  
3240 SW 188 TERRACE  
MIRAMAR, FL 33029  
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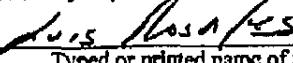
(Use attachment if necessary)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

  
\_\_\_\_\_  
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)

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FILED