

09/10/2013 04:14

# 310 P.001/004

# L13000152762

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
TAOXA, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A. LUNT

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#1610 P.002/004

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OCTOBER 28, 2013

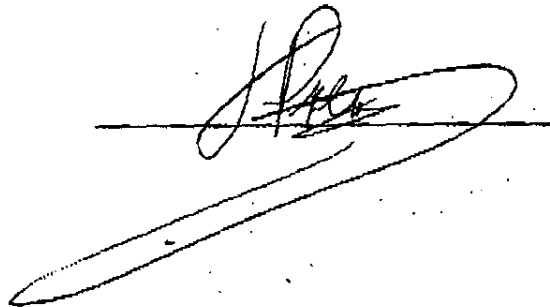
Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of TAOXA, LLC  
of Doc # \_\_\_\_\_ are the same owners of the attached  
articles of ~~organization~~ We have dissolved the company and have no intention  
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, appearing to be "J. P. [unclear]", written over a horizontal line.

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 29 AM 11:50

FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TAOXA, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

4884 NW 97 PLACE  
MIAMI, FL 33178

**Mailing Address:**

8307 NW 88 STREET  
MIAMI, FL 33166

**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:

JAMILE PAEZ

Name

4884 NW 97 PL

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

MIAMI

FL 33178

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:**

**MANAGER**

JAMILE PAEZ

4884 NW 97 PL

MIAMI, FL 33178

**MANAGER**

RONNY A. ECHETO

4884 NW 97 PL

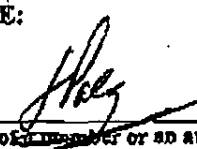

MIAMI, FL 33178

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FALLAHASSEE FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/24/2013 (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.)

JAMILE PAEZ

RONNY A. ECHETO

Typed or printed name of signer

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