

12/03/2031 03:03

#5383 P.001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

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**FLORIDA LIMITED LIABILITY CO.
CECILIA DESIGN LLC**

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

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J. Shivers JAN 22 2013

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Name of the Limited Liability Company is:

CECILIA DESIGN LLC

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

ARTICLE II - Address:

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

Principal Office Address16904 SW 39 Court
MIRAMAR, FL 33027Mailing Address16904 SW 39 Court
MIRAMAR, FL 33027

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 of the Florida street address of the registered agent are:

MANUEL PRADAS
PADGETT BUSINESS SERVICES1820 N. Corporate Lakes Blvd Suite 206
WESTON, FL 33326

Having 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 appointments 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 605 F S



Registered Agent's Signature (REQUIRED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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12/03/2031 03:33

#5383 P.003/003

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PADGETT

PAGE 04/04

H14000015772

Title:

MGR = Manager

MGRM = Managing Member

MGRM

Name and Address:

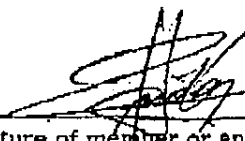
CECILIA JIMENEZ

16904 SW 39 Court

MIRAMAR, FL 33027

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 or 90 days after the date of filing.)

REQUIRED SIGNATURE



Signature of member or an authorized representative of member.

(In accordance with the section 605 , Florida Statutes, the execution of this document constitutes an affirmation under 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.)

CECILIA JIMENEZ

Typed or printed name of signee

14 JAN 21 11:51:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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