## L14000054918

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
|                         |                   |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT              | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    | ·         |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
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Office Use Only



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03/24/14--01040--022 \*\*125.00

SECRETARY OF STATE



APR - 3 2013
T. HAMPTON

## **COVER LETTER**

| TO:              | Registration Section Division of Corporations                 |                                                                    |                                                                                            |
|------------------|---------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| SUBJI            | ECT: MIAMLA TU CASA Name of Lii                               | mited Liability Company                                            |                                                                                            |
| The en           | closed Articles of Organization and fee(s) a                  | re submitted for filing.                                           |                                                                                            |
| Please           | return all correspondence concerning this m                   | natter to the following:                                           |                                                                                            |
|                  | MARIA JULIETA LIGNINI                                         | Name of Person                                                     |                                                                                            |
|                  | MIAMI A TU CASA                                               | Firm/Company                                                       | <u> </u>                                                                                   |
|                  | 307 SW 2ND AVE                                                | Address                                                            |                                                                                            |
|                  | DANIA BCH , FLORIDA, 33004                                    | City/State and Zip Code                                            |                                                                                            |
| <u>M</u>         | MOD HAMBRASASILTAMAN                                          | ed for future annual report notifica                               | ation)                                                                                     |
| For fur          | ther information concerning this matter, ple                  | rase call:                                                         | •                                                                                          |
| <u>MARI</u>      | A LIGNINI at ( at ( at (                                      | 954 ) 5493146<br>Area Code Daytime Te                              | lephone Number                                                                             |
| Enclos           | ed is a check for the following amount:                       |                                                                    | •                                                                                          |
| <b>回</b> \$125.( | 00 Filing Fee \$\times \text{Certificate of Status}\$         | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|                  | Mailing Address Registration Section Division of Corporations | Street/Courier Add<br>Registration Section<br>Division of Corporal |                                                                                            |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



March 26, 2014

MARIA JULIETA LIGNINI 307 SW 2ND AVE DANIA BEACH, FL 33004

SUBJECT: MIAMI A TU CASA LLC Ref. Number: W14000019313

We have received your document for MIAMI A TU CASA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 24, 2014. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 414A00006514

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| I Liability Company, "L.L.C.,"                                                                                 | or "LLC.")                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| office of the Limited Liability C                                                                              | ompany is:                                                                                                                                                                                                                                                                        |
| Mailing Address:                                                                                               |                                                                                                                                                                                                                                                                                   |
| 307 SW_2ND AVE<br>DANIA BCH                                                                                    |                                                                                                                                                                                                                                                                                   |
| FL 33004                                                                                                       |                                                                                                                                                                                                                                                                                   |
| Registered Agent. You must don.)                                                                               |                                                                                                                                                                                                                                                                                   |
|                                                                                                                |                                                                                                                                                                                                                                                                                   |
| <del></del>                                                                                                    |                                                                                                                                                                                                                                                                                   |
| x <u>NOT</u> acceptable)                                                                                       |                                                                                                                                                                                                                                                                                   |
| FL 33004                                                                                                       |                                                                                                                                                                                                                                                                                   |
| Zip                                                                                                            |                                                                                                                                                                                                                                                                                   |
| of the appointment as registered of all statutes relating to the problems of my position as regisoner 605, F.S | oper and complete performance<br>stered agent as provided for in                                                                                                                                                                                                                  |
| JED)                                                                                                           | ZOIL APR SECRET                                                                                                                                                                                                                                                                   |
| 2                                                                                                              | FILED  2014 APR -1 PM 2: 38  SECKE THACK OF STATE TALLANIASSEE. FLORIDA                                                                                                                                                                                                           |
|                                                                                                                | Mailing Address:  307 SW 2ND AVE DANIA BCH FL 33004  & Registered Agent's Signature Registered Agent. You must don.)  If agent are:  Ex NOT acceptable) FL 33004 Zip  Envice of process for the above soft the appointment as registered of all statutes relating to the process. |

| <u> Fitle:</u>                                                                                                                                                                                                                                                                                                  | Name and Address:                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMBR" = Authorized Member                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                     |
| MGR" = Manager<br>MGR                                                                                                                                                                                                                                                                                           | MARIA JULIETA LIGNINI                                                                                                                                                                                                                                                               |
| WOIL                                                                                                                                                                                                                                                                                                            | 307 SW 2ND AVE                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 | DANIA BCH FLORIDA 33004                                                                                                                                                                                                                                                             |
| AMBR                                                                                                                                                                                                                                                                                                            | JULIAN CERRI                                                                                                                                                                                                                                                                        |
| TINDIT                                                                                                                                                                                                                                                                                                          | 307 SW 2ND AVE                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                 | DANIA BCH FLORIDA 33004                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |
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|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                     |
| (Use attachment if necessary)                                                                                                                                                                                                                                                                                   | 1 0.21                                                                                                                                                                                                                                                                              |
| (Use attachment if necessary)                                                                                                                                                                                                                                                                                   | SETTION HID 12014 MIL (OPTIONAL)                                                                                                                                                                                                                                                    |
| E V: Effective date, if other than the date o                                                                                                                                                                                                                                                                   | of filing: $\frac{\omega}{\omega}$ (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                          |
| EV: Effective date, if other than the date octive date is listed, the date must be spec                                                                                                                                                                                                                         | of filing: $\frac{\mathcal{H}/\mathcal{O}I}{2014}$ (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                          |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)                                                                                                                                                                                                              | of filing: 01/01/2014 MJL (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                                   |
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| EV: Effective date, if other than the date octive date is listed, the date must be specifiling.)                                                                                                                                                                                                                | of filing: 01/01/2014 MJL (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                                   |
| EV: Effective date, if other than the date of ctive date is listed, the date must be specifilling.)                                                                                                                                                                                                             | of filing: A/OI/2014 MJL (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                                    |
| CV: Effective date, if other than the date of the date is listed, the date must be specifiling.) CVI: Other provisions, if any.                                                                                                                                                                                 | of filing: Of 2014 MJL (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                                      |
| CV: Effective date, if other than the date of the date is listed, the date must be specifiling.) CVI: Other provisions, if any.                                                                                                                                                                                 | of filing: 01/01/2014 MJL (OPTIONAL) cific and cannot be more than five business days prior to or                                                                                                                                                                                   |
| E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:                                                                                                                                                       | cific and cannot be more than five business days prior to or                                                                                                                                                                                                                        |
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| E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605)                                                                                                  | doer or an authorized representative of a member.                                                                                                                                                                                                                                   |
| E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under                                                                  | the panaltics of perjury that the facts stated herein are true.                                                                                                                                                                                                                     |
| E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform                                 | doer or an authorized representative of a member.                                                                                                                                                                                                                                   |
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| EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.)  EVI: Other provisions, if any.  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony                      | doer or an authorized representative of a member.  Jo203 (1) (b). Foreign Statutes, the execution of this document the pinalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State of as provided for in s.817.155, F.S.) |

Page 2 of 2

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