

03/26/2032 05:18  
5/15/2014

Division of Corporations

4540 P.001/003

L14000079472

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.

(((H14000116285 3)))



H140001162853ABC

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 : 120000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

14 MAY 15 PM 4:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
BOTANICA EL PARASIO LLC.

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

MAY 15 2014

A. LUNY

FILED

2014 MAY 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14U00110403

## ARTICLES OF ORGANIZATION OF BOTANICA EL PARAISO LLC

### ARTICLE I NAME

The name of the Limited Liability Company shall be:  
**BOTANICA EL PARAISO LLC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
**6856 W Flagler Street, Miami FL 33144**

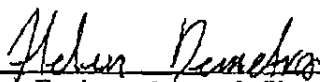
### ARTICLE III PURPOSE

This company shall have perpetual existence and may engage in any and lawful business under the laws of the United States in the State of Florida.

### ARTICLE IV REGISTERED AGENT

The name and Florida Street address of the initial registered agent is:  
**HELEN DEMETRIO , 6856 W Flagler Street, Miami FL 33144**

*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 register agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature

### ARTICLE VI MEMBERS

**HELEN DEMETRIO - MANAGING MEMBER**

FILED  
2014 MAY 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII ORGANIZER**

The name and address of the person signing these articles is:

**HELEN DEMETRIO - MANAGING MEMBER**

6856 W Flagler Street, Miami FL 33144

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization, in compliance with Chapter 605 of the Florida Statutes, this 15th day of May of the year 2014.

*Helen Demetrio*

**HELEN DEMETRIO**

Manager Member

## CERTIFICATION

**STATE OF FLORIDA**

ss

**COUNTY OF DADE**

*BEFORE ME, A Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared HELEN DEMETRIO to me and known by me to be the person who executed the foregoing Articles of Organization,*

*IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in this state and county aforesaid on this 15th Day of May of the year 2014.*

*[Signature]*

**NOTARY PUBLIC**

My Commission expires: May 17, 2016



ROBERTO BRACHO  
MY COMMISSION # EE 199286  
EXPIRES: May 17, 2016  
Served thru Budget Notary Services

FILED  
 2014 MAY 15 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA