

L14 0 001 36350

**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.

(((H14000200232 3)))



H140002002323ABCO

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MIA CELESTE, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

3rd time Already

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

14 AUG 29 AM 6:50

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

*Please file it
on the day that
was for 8/25/14*

79749

*re-fax
8/20
8/29*

08/29/2014 11:50

3056339696

CORPUSA

PAGE 02/05

To:

Division of Corporations
Fax Number : (850)617-6363

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (786)409-5946

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
MIA CELESTE, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

79749

*Please file it
on ew day that
was fax 8/25/14*

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

*re-fax
8/26*

14 AUG 29 AM 6:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

<https://cfisweb02.org/scripts/efileover.exe>

8/25/2014

08/26 15:10
18526176383
00:00:38
04
OK
STANDARD
ECM

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 08/26/2014 15:11
NAME : CORPUSA
FAX : 3056339696
TEL : 3056339696
SER.# : BR0L2J415538

TRANSMISSION VERIFICATION REPORT

3

414000200232

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

ARTICLE I - NAME

The name of the Limited Liability Company is:

MIA CELESTE, LLC.

ARTICLE II - ADDRESS:

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

**1610 SW 63RD TERRACE
NORT LAUDERDALE, FL 33068**

ARTICLE III - Registered Agent, Registered Office & Registered Agent Signature:

The name and the Florida street address of the registered agent are:

**CELESTINO CASTANON MACIEL
1610 SW 63RD TERRACE
NORT LAUDERDALE, FL 33068**

Having been named as registered agent and to accept service of process at for the above stated corporation at the place designated in these Articles of Incorporation, 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.



Registered agents Signature (REQUIRED)

16 JUN 25 AM 9:17
Prepared by:
Firmo Maldonado c/o Regiones Unidas
8010 W. Sample Road
Coral Springs, FL 33065
Phone (954) 344-3555

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

The name and address of each Manager and managing Members is as follows:

**MGRM:
CELESTINO CASTANON MACIEL
1610 SW 63RD TERRACE
NORT LAUDERDALE, FL 33068**



CELESTINO CASTANON MACIEL/MGRM

16 AUG 25 AM 9:17
08/29/2014 11:50
3056339596