

L15000016996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

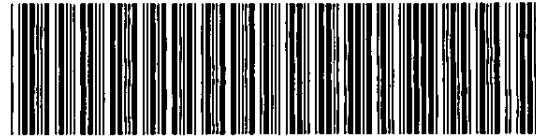
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 29 2015

**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303

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1.

Musa Sandak & Product LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

MUSA SANDAL & PRODUCT LLC

ARTICLE II.

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

4960 NW 165TH STREET STE B-8

MIAMI FL 33014

The mailing address of the Limited Liability Company is:

1155 102ND STREET APT 203

BAY HARBOR ISLAND FL 33154

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TALLAHASSEE, FLORIDA

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV

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

AURIO DE CARVALHO

4960 NW 165TH STREEET STE B-8

MIAMI FL 33014

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 605, F.S.



Registered Agent's Signature

01-23-15
Date:

ARTICLE V

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

Name and Address:

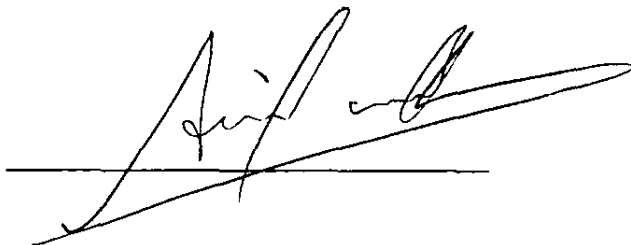
Title:

AURIO DE CARVALHO

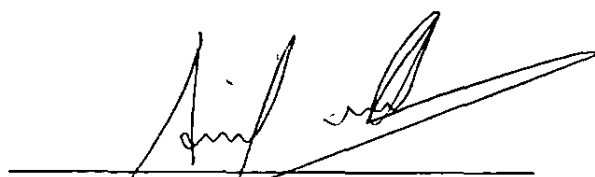
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BAY HARBOR ISLAND FL 33154



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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.



01-23-15

Signature of a member or an authorized representative of a member.

Aurio de Carvo-LHO

01-23-15

Typed or printed name of signee

Date

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