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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: Account Name : CORP USA
Account Number : 072450003255
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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15 MAR -2 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ADOLFOPUAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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15 MAR 3 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADOLFOPUAN LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

INAKI SAIZARBITORIA, ESQ.
Name of Person

INAKI SAIZARBITORIA, ESQ., P.A.
Firm/Company

21 S.W. 15 ROAD SUITE 200
Address

MIAMI, FLORIDA 33129
City/State and Zip Code

INAKISA@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

INAKI SAIZARBITORIA, ESQ. at (305) 374-4106
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H15000058486



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADOLFOPUAN 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 principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7400 S.W. 50 TERRACE
SUITE 304
MIAMI, FL 33155

7400 S.W. 50 TERRACE
SUITE 304
MIAMI FL 33155

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.)

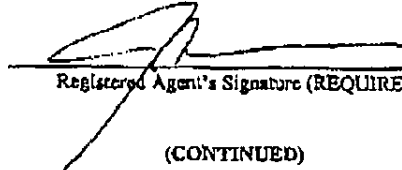
The name and the Florida street address of the registered agent are:

PASTROFF, BARJA, KELLY & CO.
Name

7400 S.W. 50 TERRACE, SUITE 304
Florida street address (P.O. Box NOT acceptable)

MIAMI City FL 33155 Zip

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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR.

Name and Address:

ESTEBAN DARIO RUGGERI
7400 S.W. 50 TERRACE SUITE 304
MIAMI, FLORIDA 33185

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR - 2 PM 4:06


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(Use attachment if necessary)

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 to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


RUGGERI ESTEBAN DARIO

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

ESTEBAN DARIO RUGGERI
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)