

5/7/2015

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

ACCOUNT Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : 120060000145
Phone : (305) 769-4936
Fax Number : (305) 769-1844

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.
CAROUSEL OF LOVE, LLC.**

CERTIFICATE of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

MAY 08 2015
J. HARRIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

CAROUSEL OF LOVE, LLC.

ARTICLE II- Address:

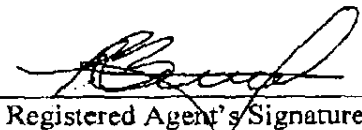
The mailing address and street address of the principal office of the Limited Liability Company is: **260 NW 107 AVE APT 211 MIAMI FL 33172**

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

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

**LIDIA BECERRA
260 NW 107 AVE APT 211
MIAMI, FL 33172**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

FILED
2015 MAY -7 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:

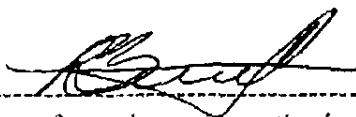
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

AMBR

**LIDIA BECERRA
260 NW 107 AVE APT 211
MIAMI, FL 33172**



Signature of 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.)

LIDIA BECERRA

Typed or printed name of signee.

FILED
2015 MAY -7 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA