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.

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Division of Corporations
Fax Number : (850)617-6381

Composition of Corporations
Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INCAME
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Composition of Corporations
Account Name : LAZARUS CORPORATE FILING SERVICE, INCAME
Account Number : 120000000019

Phone : (305)552-5973
Fax Number : (305)675-5944

### FLORIDA LIMITED LIABILITY CO. CLAUDIFANY DESIGN, LLC

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

SEP 2 22015

S. GILBERT

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

## Claudifany Design, 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:

15315 SW 31st TE, Miami, FL 33185 15315 SW 31st TE, Miami, FL 33185

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

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

## **Angel Luis Martinez**

15315 SW 31st TE Miami, FL 33185

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

(CONTINUED)
Page 1 of 2

412: 05 FLERIDA

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

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

Title:

Name and Address:

MGR

ANGEL LUIS MARTINEZ

MGR

CLAUDIA MARIA IANNOLÔ

REQUIRED SIGNATURE:

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 penaltics of perjury that the facts stated herein are true.)

**Angel Luis Martinez** 

Typed or printed name of signee

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