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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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. SERGIO CORTE LLC

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CORPUSA



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COVER LETTER

TO: Registration Division of C		·
SUBJECT: SE	RGIO CORTE LLC	<u> </u>
	Name of Limited Liabili	ty Compuny
The enclosed Articles of	of Organization and fee(s) are submitted	for filing.
Please return all corres	pandence concerning this matter to the f	allowing:
SER	GIO CORME Name of	Person
	Latition D.	
	Firm/Cor	mpany
1124	40 SW 24 TERRACE	
	Addio	788
MAIM	MI, FL 33165	
	City/State and	I Zip Code
	E-mail address: (to be used for future at	nnual report notification)
For further information c	concerning this matter, please call:	
SERG	IO CORTE at 305-	554-6604
	me of Person Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:	
]\$125.0 0 Filing Fee [Certificate of Status Certifie	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Divis P.O. I	Filing Section) ion of Corporations [Box 6327 (hassed, FL 32314]	Street Address New Filing Section Division of Corporations Clifton Building 266) Executive Center Circle Fullahassee, Ft. 32301

7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SERGIO CORTE 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:
11240 SW 24 TERRACE
Miami, F1 33165

Mailing Address: To The Mailin

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:

Name
11240 SW 24 TERRACE
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33165

City State 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 agent with a sprovided for in Chapter 605, F.S..

Registred Agent's Signature (REQUIRED)

(CONTINUED)

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<u>lite:</u>	_	Name and	Address		
AMBR" - Authorized Me	mber				· .
MCR" = Manager MGR		SERGIO	CORT	:	
				TERRACE	
		MIAMI,			7.53
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					22
					
					
					
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