

5/11/2016

Division Corpor

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
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: _____

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16 MAY 11 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.

MIAMI CUBAN BALLET SCHOOL, LLC.

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

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TALLAHASSEE, FLORIDA

16 MAY 11 PM 3:36

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MIAMI CUBAN BALLET SCHOOL, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **16551 SW 199 ST MIAMI FL 33187**

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

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

**VALIA G DE LA ARENA
16551 SW 199 ST
MIAMI, FL 33187**

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

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MIAMI, FLORIDA

ARTICLE IV:

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

Title:

Name and Address:

AMBR

**VALIA G DE LA ARENA
16551 SW 199 ST
MIAMI, FL 33187**

AMBR

**CARLOS DE LA ARENA
16551 SW 199 ST
MIAMI, FL 33187**



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.)

VALIA G DE LA ARENA

Typed or printed name of signee.