

5/26/2016

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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)617-6381

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.
MIAMI SHOE, LLC.**

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

RECEIVED

16 MAY 26 PM 2:50

TALLAHASSEE, FLORIDA

16 MAY 26 AM 11:50

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

MIAMI SHOE, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **18352 SW 5 CT PEMBROKE PINES FL 33029**

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

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

**GENARO SOCARRAS
18352 SW 5 CT
PEMBROKE PINES, FL 33029**

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

STATE OF FLORIDA
DIVISION OF CORPORATIONS
16 MAY 26 AM 11:50

ARTICLE IV:

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

Title:

AMBR

AMBR

Name and Address:

**GENARO SOCARRAS
183521 SW 5 CT
PEMBROKE PINES, FL 33029
ERIC SOCARRAS
11010 TAFT ST
PEMBROKE PINES, FL 33026**



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.)

GENARO SOCARRAS

Typed or printed name of signee.