

LAZARUS

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.

(((H17000222343 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
	MUUI 533.			

FLORIDA LIMITED LIABILITY CO. LA ACADEMIA, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H17000222343

ARTICLES OF ORGANIZATION FOR FLORIDA LILIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

LA ACADEMIA, 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:

780 NATURES COVE RD

780 NATURES COVE RD

DANIA BEACH, FL. 33004

DANIA BEACH, FL. 33004

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

(The Limited Unbiffty 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:

DANIEL ALFONSO GRUFFAT

Name

780 NATURES COVE RD

Florida streét address (P.O. Box NOT acceptable)

DANIA BEACH

FL

33004

City

State

ΖΙp

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 anythiles, and I am familiar with and accept the abligations of my position as registered quent as provide for in chapter 605, F.S.

Registered Agelit's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV -

H17000222343

H17000222343

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

Title:

Name and Address:

"AMBR" = Authorized Member

3052201440

"MGR" = Manager

AMSR

DANIEL ALFONSO GRUFFAT (50 %)

780 NATURES COVE RD

DANIA BEACH, FL. 33004

AM8R

JORGE DANIEL UGARTE (25%)

780 NATURES COVE RD

DANIA BEACH, FL 33004

AMBR

VIVIANA RAQUEL MECCIA (25%)

780 NATURES COVE RD

DANIA BEACH, FL. 33004

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.