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COVER LETTER

	New Filing Section Division of Corporations		
SUBJEC	LA FLORIDA INTERNATIONAL BUSINES	SS L.L.C.	
SOBJEC	Name of Limited Liab	bility Company	
The enck	closed Articles of Organization and fee(s) are submitt	ed for filing.	
Please ret	return all correspondence concerning this matter to th	e following:	
		TALL SEE	-17
	Name	Company Company	=
	SmallBiz.Com		Ì
	Firm/	Company	ĺ
	PO Box 13092		T.
	Ad	ldress	
	Tucson, AZ 85732		
	City/State info@smallbizagents.com	and Zip Code	
	E-mail address: (to be used for future	e annual report notification)	
For further	er information concerning this matter, please call:		
	Michael Banner 520	881-3989	
	Name of Person Area Code	Daytime Telephone Number	
Enclosed	ed is a check for the following amount:		
\$125,00	Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, Fl. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

LA FLORIDA INTERNATIONAL BUSINESS L.L	C.	
(Must contain 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:	Majling Address:	
800 Ocala Rd. Ste 300-271 Tallahassee, FL 32304	800 Ocala Rd. Ste 300-271 Tallahassee, FL 32304	1
ARTICLE III - Registered Agent, Registered Office, & Regi (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	ered Agent. You must designate an individual or	: T
The name and the Florida street address of the registered agent a	are: 2 5	٠.
SmallBiz Agents, LLC Name	ه که	

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 flegistered agent as provided for in Chapter 605, F.S..

Tallahassee

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:		Name and Address:
	uthorized Member "MGR"	
= Manager		CONTINUE Addition
AMBR		CONETE Adrian Str. Mehadia n ro 18 bl. 24 Sc B et 7 ap. 97
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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)