

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PEDRO LUZQUINOS Account Number : 120170000042 Phone : (954)655-8413 Fax Number : (954)432-8807

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

BHAIL Address: PLUZQUINOSF@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO. DESIGN STUDIO MIAMI LLC

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

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Corporate Filing Menu

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COVER LETTER

	w Filing Section ision of Corporations
SUBJECT:	DESIGN STUDIO MIAMI LLC
	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filling.
Please return	all correspondence concerning this matter to the following:
	MAURO R, DALTO
-	Name of Person
-	Firm/Company
	7541 NW 54TH ST
-	Address
	MIAMI, FL 33166
P	City/State and Zip Code LUZQUINOSF@HOTMAIL.COM
-	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
I	PEDRO LUZQUINOS 954 655-8413
_	Name of Person Area Code Daytime Telephone Number
Enclosed is:	a check for the following amount:
5 125.00 Fili	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

SECHELARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DESIGN STUDIO			
(Must co	intain the words "Limited	Liability Company,	"IL.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal	office of the Limited	Liability Company is:
Orina	ipal Office Address:		Mailing Address:
rinc	ipar (Milice Address)		Winning Audress:
7541 NW 54TH S		<u>_</u> 754	I NW 54TH ST
MIAMI, FL 33166 ARTICLE III - Registered A The Limited Liability Compa	sgent, Registered Office my cannot serve as its ow	ML A Registered Agent. Registered Agent.	AMI, FL 33166 nt's Signature:
MIAMI, FL 33166 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office my cannot serve as its ow in active Florida registrati et address of the registere	ML/ A Registered Agent. On.)	AMI, FL 33166 nt's Signature:
MIAMI, FL 33166 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	s gent, Registered Office iny cannot serve as its ow n active Florida registrati	ML/ , & Registered Agent. on.) d agent are:	AMI, FL 33166
MIAMI, FL 33166 ARTICLE III - Registered A	Agent, Registered Office my cannot serve as its ow in active Florida registrati et address of the registere	ML/ A Registered Agent. On.)	AMI, FL 33166 nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office my cannot serve as its ow in active Florida registrati et address of the registere	ML/ , & Registered Agent. ion.) d agent are: O	AMI, FL 33166 nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its own active Florida registrati et address of the registere MAURO R, DALT 7541 NW 54TH ST	ML/ , & Registered Agent. ion.) d agent are: O	AMI, FL 33166 nt's Signature: You must designate an individual
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office iny cannot serve as its own active Florida registrati et address of the registere MAURO R, DALT 7541 NW 54TH ST	ML/ A Registered Agent. A agent are: O Name	AMI, FL 33166 nt's Signature: You must designate an individual

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

1 >> 850-617-6381 HIコロロロストレフォノ

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
AMBR	MAURO R, DALTO
	7541 NW 54TH ST
	MIAMI, FL 33166
AMBR	
AWINK	MARIA N, DA PAISCAO
	7541 NW 54TH ST MIAMI , FL 33166
	MIAMI, FL 33100
t)se attachment if necessary)	
Use attachment if necessary) EV: Effective date, if other than the da	ste of filing:
EV: Effective date, if other than the dative date is listed, the date must be:	ste of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the dative date is listed, the date must be :	specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the dative date is listed, the date must be a filing.) The date inserted in this block does no	specific and cannot be more than five business days prior to or 9 t meet the applicable statutory filing requirements, this date will n
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CV: Effective date, if other than the dative date is listed, the date must be a filing.) the date inserted in this block does not bent's effective date on the Department of the Course of the Department of the	t meet the applicable statutory filing requirements, this date will not of State's records.
V: Effective date, if other than the dative date is listed, the date must be a filing.) the date inserted in this block does no ent's effective date on the Department of the	specific and cannot be more than five business days prior to or 9 to meet the applicable statutory filing requirements, this date will not of State's records.

Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)