

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: MENNYSAN@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO.
LA SAZON DE SER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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DIVISION OF CORPORATIONS

The following pages are a continuation of an interrupted fax transmission to 18506176381 from .
2 page(s) were previously delivered. This transmission is starting from page 3.

Fax

From

To

LA SAZON DE SER LLC - FLA
FAX

Number of pages

4

Message

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Thank You in advance.

Emily Keller

*Hubco Incorporation Services *

*238 W. Jericho Turnpike | Huntington Station, NY
11746 *

Phone: (516) 935-3940 Ext. 1189 | Fax: (516)
935-3088

Direct Phone: 516-813-1189

email: emily@inc-it-now.com

H21000104496

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA SAZON DE SER LLC

(Must end with 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:

Mailing Address:

58 NE 14TH ST APT 312
MIAMI, FL 33132

58 NE 14TH ST APT 312
MIAMI, FL 33132

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

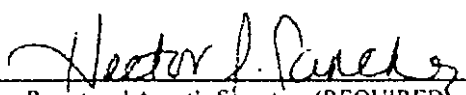
The name and the Florida street address of the registered agent are:

HECTOR J SANCHEZ
Name

58 NE 14TH ST APT 312
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33132
City Zip

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


Registered Agent's Signature (REQUIRED)
HECTOR J SANCHEZ

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

HECTOR J SANCHEZ

58 NE 14TH ST APT 312

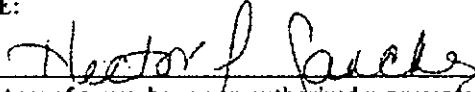
MIAMI, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a 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.)

HECTOR J SANCHEZ

Typed or printed name of signee

H21000104496