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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : D. FINEST LIMO, INC.
Account Number : 107757002402
Phone : (305)725-4755
Fax Number : (305)328-9103

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

Email Address: infodocs8888@gmail.com

**FLORIDA LIMITED LIABILITY CO.
FRANCHI'S MUSIC AND THERAPY, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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ARTICLE OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is FRANCHI'S MUSIC AND THERAPY, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

14500 NE 6TH AVENUE, UNIT B
NORTH MIAMI, FLORIDA 33161

ARTICLE III- Purpose: The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV- Registered Agent, Registered Office and Acceptance by Registered Agent:

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

ELIECER MOISES FRANCHI
14500 NE 6TH AVENUE, UNIT B
NORTH MIAMI, FLORIDA 33161

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 a registered agent as provided for Chapter 608, FS.

FRANCHI'S MUSIC AND THERAPY, LLC

By: 

Registered Agent: ELIECER MOISES FRANCHI

ARTICLE V- Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company.

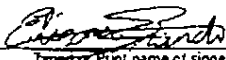
ELIECER MOISES FRANCHI, MGR, 14500 NE 6th Avenue, Unit B, North Miami, FL 33161

JOSEFINA DAVY, AMBR 14500 NE 6th Avenue, Unit B, North Miami, FL 33161



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.


Typed or Print name of signer

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