

L21000530078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

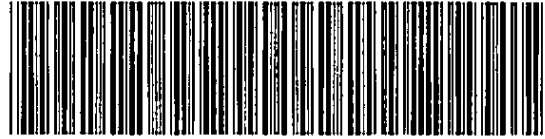
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALDART LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Solanikio  
Name of Person  
The Benhayoun Law Firm  
Firm/Company  
12000 Biscayne Blvd. Suite 221  
Address  
Miami, FL 33181  
City/State and Zip Code  
officemanager@benhayounlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Solanikio at (305) 434-8233  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**Mailing Address**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALDAPI LLC

(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:

3801 South Ocean Drive Apt 8W  
Hollywood 33019, FL

Mailing Address:

3801 South Ocean Drive Apt 8W  
Hollywood 33019, FL

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:

Arie Alejandro Zoldan Ventura

Name

95 Shore Dr W

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33133


City

State

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..*

X

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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F.L.C.

ARTICLE IV-

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

Title:

Name and Address:

"AMHR" - Authorized Member

"MGR" - Manager

MGR

ANDREA MARISOL SCHWARTZ YUHANIAK  
SAN FRANCISCO DE ASIS 1700, C-48 EV  
LAS CONDES CHILE

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(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.)

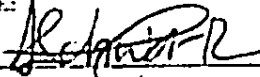
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

X



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.

ANDREA MARISOL SCHWARTZ YUHANIAK, Authorized Representative

\_\_\_\_\_  
Typed or printed name of signee