# L24000336955

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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### COVER LETTER

	w Filing Sec vision of Co							
SUBJECT:	CALANG	LLC						
Nonation.	Name of Limited Liability Company							
The enclose	d Articles of	Organization and f	èe(s) are submitt	ed for filing.				
Please return	n all correspo	ondence concerning	this matter to the	e following:				
	ADOLFO A	UGUSTO CALZA	DILLA					
•			Name	of Person				
	DOKUMEN	TOS INC						
•	<del></del> .		Firm/0	lompany				
	240 CRANDON BLVD, STE 115							
-	Address							
	KEY BISCA	YNE, FL 33149						
S	ERPHONIC	с@Үаноо,сом	City/State	and Zip Code				
_	1	E-mail address: (to	be used for futur	e annual report notificat	ion)			
For further in	formation co	ncerning this matte	r, please call:					
	ADOLFO C.	ALZADILLA	305 at (	7443658				
_	Nam	ie of Person	Area Code	Daytime Telephon	ne Number			
Enclosed is	a check for t	he following amour	nt:					
□\$125.001		□S130.00 Filing Certificate of Sta	g Fee & S	155.00 Filing Fee & ified Copy onal copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		og Address		Street Address New Filing Section D	ivision			
	New Filing Section Division of Corporations			The Centre of Tallaha	assee			
	P.O. Box 6327 Tallahassee, FL 32314			<ul><li>2415 N. Monroe Stre</li><li>Tallahassee, FL 3230</li></ul>				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabil	ity Company is:				
CALANG LLC					
(Must con	tain the words "Limited Li	iability Con	npany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal off	ice of the L	.imited Liability Company is:		
Princi	oal Office Address:		Mailing Address:		
240 CRANDON BLVD, 115 KEY BISCAYNE, FL 33149			240 CRANDON BLVD, STE 112 KEY BISCAYNE, FL 33149		
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own F active Florida registration	Registered A	d Agent's Signature: Agent. You must designate an individual or		
	<del>-</del>	•			
	DOKUMENTOS INC	Name			
			_		
	240 CRANDON BLVD, STE 115  Florida street address (P.O. Box NOT acceptable)				
			-		
	KEY BISCAYNE	FL State	33149		
	City	State	Zíp		
place designated in this certificate further agree to comply with the p	e, I hereby accept the appoint of all statutes relations of all statutes relations of my position as	intment as reating to the strength	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I agent as provided for in Chapter 605, F.S  Signature (REQUIRED)		
		(CONTIN	UED)		

#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	ADOLFO AUGUSTO CALZADILLA KEHRHAHN 11227 NW 73RD DORAL, FL 33178
MGR	DOWNING ANTONIO ANGULO QUINTANA FUENTE DEL BERRO 7, RESIDENCIA ESPANA MADRID, SPAIN 28009
(Use attachment if necessary)	
If an effective date is listed, the date must be sp he date of filing.)	c of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as a of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Ad
Signature of a m	ember 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.

## ADOLFO AUGUSTO CALZADILLA KEHRHAHN

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)

\$ 5.00 Certificate of Status (Optional)