## L740004107911

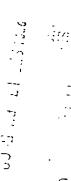
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## COVER LETTER

	ew Filing Sectivision of Con					
CUDIFCT		LEASURE IMPO	RT AND	EXPORT.	LI.C	
SUBJECT	:	Na	me of Lim	ited Liabili	y Company	
The enclose	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retu	rn all correspo	ondence concerni	ng this mat	ter to the fo	ollowing:	
	STACEY R	OLLE				
				Name of	Person	
	ASITIS PL	EASURE IMPOF	T AND E	XPORT, L	LC	
				Firm/Cor	mpany	
	23102 SW	H2TH PLACE				
				Addre	SS	
	MIAMI, FL	33170				
				ty/State and	I Zip Code	
-		3333333@GMAI		for firence of	nnual report notificat	ion
		`			maa report notificat	1011)
For further in	nformation co	ncerning this mat	ter, please	call:		
	STACEY RO	OLLE	at ( 7	86	304-5878	
	Name of Person				Daytime Telephor	e Number
Enclosed is	a check for t	he following amo	unt:			
₩\$125.00	Filing Fee	□\$130.00 Fili Certificate of S		Certific	i.00 Filing Fee & od Copy Il copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailir	ig Address		;	Street Address	

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

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

## AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ASITIS PLEASU	RE IMPORT AND EXPORT	I, LLC		
(Must co	ntain the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")	
TICLE II - Address:				
mailing address and street	address of the principal offic	ce of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
23102 SW 112T	II PLACE	23	23102 SW 112TH PLACE	
MIAMI, FL 331	70		MIAMI, FL 33170	
Limited Liability Compa		Registered Agen		
Limited Liability Compa her business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	Registered Agent. \	t's Signature:	
Limited Liability Compa her business entity with a	ny cannot serve as its own Ren active Florida registration.) It address of the registered as	Registered Agent. Y gestered Agent. Y gent are:	t's Signature:	
Limited Liability Compa her business entity with a	ny cannot serve as its own Ren active Florida registration.) It address of the registered as	Registered Agent. \	t's Signature:	
Limited Liability Compa her business entity with a	ny cannot serve as its own Ren active Florida registration.) It address of the registered as	Registered Agent. Y gestered Agent. Y gent are:	t's Signature:	
Limited Liability Compa her business entity with a	ny cannot serve as its own Ren active Florida registration.) It address of the registered as  STACEY ROLLE	Registered Agent. Y egistered Agent. Y gent are: Vaime	t's Signature: 'ou must designate an individu	
Limited Liability Compa er business entity with a	ny cannot serve as its own Ren active Florida registration.) et address of the registered as  STACEY ROLLE  N  23102 SW 112TH PLA	Registered Agent. Y egistered Agent. Y gent are: Vaime	t's Signature: 'ou must designate an individi	

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 603, F.S.

STACEY ROLLE
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR/MGR	STACEY ROLLE 23 102 SW 1121H PLACE MIAMI FL 33170
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
ate of filing.)  [1] If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be lis
ate of filing.)	meet the applicable statutory filing requirements, this date will not be lis
ate of filing.)  If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any	meet the applicable statutory filing requirements, this date will not be list of State's records
ate of filing.)  [2] If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any  REQUIRED SIGNATURES	meet the applicable statutory filing requirements, this date will not be list of State's records  ACEY ROLLE
REQUIRED SIGNATURES  Signature of a m  This document is exect  and aware that any file	meet the applicable statutory filing requirements, this date will not be list of State's records

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)