#### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

#### LIMITED LIABILITY COMPANY

CAZADORES NORTH LLC



Certificate of Status 0 Certified Copy 1 Page Count 04 Estimated Charge \$155.00

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# ARTICLES OF ORGANIZATION OF CAZADORES NORTH LLC

#### ARTICLE I - Name

The name of the Limited Liability Company is CAZADORES NORTH LLC (the "Company").

#### ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 3822 West 12<sup>th</sup> Avenue, Hialeah, Florida 33012.

#### ARTICLE III - Duration

The period of duration for the Company shall be perpetual unless dissolved according to law.

#### ARTICLE IV - Management

The daily, usual course of business of the Company will be managed by its managing members (the "Managers"). The Managers shall be elected annually by the members in the manner prescribed by and provided for in the Regulations of the Company. The Managers shall also hold the offices and have responsibilities accorded to them by the members and as set forth in the Regulations of the Company. The members reserve the general management of the Company to themselves, and therefore all decisions outside the usual course of the Company's business will require a vote of all of the members. The names and addresses of the Managers who are to serve are as follows:

Jose R. Boschetti 2901 SW 8 Street Miami, Florida 33135

Maurice Cayon 1211 SW 139 Avenue Miami, Florida 33184

#### ARTICLE V - Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and condition of the admissions shall be subject to a vote of all of the existing members and conditioned on the new member's agreement to abide by all existing agreements of the members regarding the conduct of the Company.

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#### ARTICLE VI - Members Rights to Continue Business

The right, if given, of the remaining members of the Company to continue the business in the event of the termination of the Company due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company; the remaining or surviving members may continue in the business of the Company provided that all of the remaining members agree to do so in writing.

#### ARTICLE VII - Registered Agent and Office

The street address of the Corporation's initial registered office is 1221 Brickell Avenue, Suite 2100, City of Miami, County of Miami-Dade, State of Florida 33131, and the name of its initial registered agent at such office is Pedro A. Martin.

Signature of a member or an authorized representative of a member (Maurice Cayon, Mauager)

(In accordance with section 608.408(3), Florida Stantes, the execution of this affidavit constitutes to affirmation under the penalties of penjury that the facts rated herein are true.)

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: CAZADORES NORTH LLC
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN. ESO.

Greenberg Traurig, P.A.

1221 Brickell Avenue, Suite 2100

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131 CITY, STATE AND ZIP MININ 28 PH 5: 00

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 ogens.

SIGNATURE