

L 00000012085

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

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H0:000052352 2))

Note: DO NOT hit the REFRESH /RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 422-4003

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 07074 001530
Phone : (305) 58-2571
Fax Number : (305) 58-7832

LIMITED LIABILITY COMPANY
GUARANA INTERNATIONAL, LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

00 OCT -4 PM 12:15

W 10/3

FILED

37

Certificate of Stat. s	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

10/04/00 08:19 FAX 3053719598
350)487-6013

10/04/00 08:19

MIAMI ENGRAVING
Dep. of State

01



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 4, 2000

ACE INDUSTRIES, INC.

SUBJECT: GUARANA INTERNATIONAL, LLC
REF: W00000024043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your fax transmission was illegible. Please resubmit your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

FAX Aud. #: H00000052352
Letter Number: 600A00052512

OCT-4 PM 12:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

H00-52352

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

1st Choice: Guarana International, LLC

2nd Choice: _____

ARTICLE II - Address of Limited Liability Company: (P.O. Box NOT Acceptable)

Address: 1221 East Robinson St.

City, State & Zip: Orlando, FL 32801

ARTICLE III - Registered Agents Name, Office Address, & Registered Agent's Signature:

David Long, CPA

Name

1221 E. Robinson St.

Address (P.O. Box NOT Acceptable)

Orlando, FL 32801

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 685, F.S.


Registered Agent's Signature

10/3/00
Date

Article IV - Management (Check box if applicable)

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


Signature of a member or an authorized representative of a member.
In accordance with section 609.08 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Chrisophe Pichet

Typed or printed name of signee

FILED
00 OCT -4 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H00-52352

Prepared By: Ace Industries 54 NW 1st Street Miami, Florida 33136 (305) 358-2571