## -L01000014718

WORLDW 5975 N. FE SUITE # 1	IDE MOBILECON EDERAL HWY 16	VI	1
	DERDALE, FL 3	3300	,
City/State/	<b>Zip</b>	Phone #	

400004558504--5 -08/27/01--01110--018 \*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1			
1.	(Corporation Name)	(Document #)	
2			OIA SEG
3.	(Corporation Name)	(Document #)	FILED AUG 27 PM PRETARY OF LAHASSEE.
4.	(Corporation Name)	(Document #)	PM 5: 00 GF STATE
	(Corporation Name)	(Document #)	
☐ Walk in☐ Mail out	☐ Pick up time ☐ Will wait		Certified Copy  Certificate of Status
NEW FILIN	<u>GS</u>	<b>AMENDMENTS</b>	
Profit Not for P Limited I Domestic Other	Liability	Amendment Resignation of R.A., Of Change of Registered A Dissolution/Withdrawal Merger	gent 1
OTHER FIL	<u>INGS</u>	REGISTRATION/QUALI	FICATION (
Annual R Fictitious		Foreign Limited Partnership Reinstatement Trademark Other	<b>v</b>

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	-Lilier Company is:	
The name of the Limited Li		
•	•	
ARTICLE II - Address:	11 file minimal office of the Limited Light	ity Company is:
The mailing address and str	reet address of the principal office of the Limited Liabil	ity Company is.
fort landerdale	EL 33308	
ARTICLE III - Registere	d Agent, Registered Office, & Registered Agent's Si	gnafike 🖰
ret	turned address of the registered agent are:	
The name and the Florida s	street address of the registered agent are:	3 27 PM
	EDWIN ALTAMIRANO Name	
	Name	TS
	9916 Palma VISTA WAY	
	Florida street address (P.O. Box NOT acceptable)	DA DA
	Boca R470N FL 33428 City, State, and Zip	
	City, State, and Zip	
statutes relating to the pro accept the obligations of n	per and complete performance of my duties, and I am fainly position as registered agent as provided for in Chapte	er 608, F.S.
	Edu actamus	* **
14da	Registered Agent's Signature	
The Limited Liability	nt (Check box if applicable.) y Company is to be managed by one manager or more nore managed company.	nanagers and is,
(An addi	tional article must be added if an effective date is reque	ested)
	Ehr altamen	<u>_</u>
Signa	ture of a member or an authorized representative of a member	r.
of th	accordance with section 608.408(3), Florida Statutes, the execution is document constitutes an affirmation under the penalties of perjuithe facts stated herein are true.)	ry
	EDWIN ALTA MICANO	
•	Typed or printed name of signee	= stule v − v
	Filing Fees:	

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)