

L040000004938

Florida Department of State
Division of Corporations
Public Access System

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.

(((H04000010435 3)))

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) 205-0383

From:

Account Name : BEATRIZ M. CAPOTE, P.A.
Account Number : 119990000052
Phone : (305) 374-1555
Fax Number : (305) 374-0908

AND
FILED
04 JAN 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Sortkwik, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED
04 JAN 20 PM 1:59
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

JP
FEB-04

**ARTICLES OF ORGANIZATION
OF
SORTKWIK, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is: **SORTKWIK, LLC**

2. ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Allied Management Ltd., 232 West 48th Street, Suite 4, New York, New York 10036.

3. NAME AND ADDRESS OF REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Beatriz M. Capote, Esq., 799 Brickell Plaza, Suite 700, Miami, FL 33131.

4. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

(i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or

(ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

04 JUN 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED
AND
FILED

Fax Audit # H04000010435 3

5. PURPOSE.

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

6. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of the then existing members.

7. CONTINUITY OF BUSINESS.

Upon the 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 Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

8. MANAGEMENT.

The Limited Liability Company is to be managed by two (2) managers. The name and address of such managers who are to serve as managers until the first annual meeting of members or until their successors are elected and qualified are as follows:

Peter D. Fitzpatrick
c/o Allied Management Ltd.
232 West 48th Street, Suite 4
New York, NY 10036

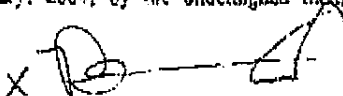
Thomas F. Dwyer
c/o Allied Management Ltd.
232 West 48th Street, Suite 4
New York, NY 10036

Fax Audit # H04000010435 3


04 JAN 20 PM 2:03
AND
FILED
SECRET
FALL ARREST
FALL ARREST

For Audit # H04000010435 3

Executed on this 20th day of January, 2004, by the undersigned members of
SORTKWK, LLC

X 

PETER D. FITZPATRICK

X 

THOMAS F. DWYER

For Audit # H04000010435 3

FILED
04 JAN 20 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit # H04000010435 3

**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 IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **SORTKWIK, LLC.**

The name and address of the registered agent and office is:

**Beatriz M. Capote, Esq.
799 Brickell Plaza, Suite 700
Miami, FL 33131**

HAVING BEEN NAMED 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.


BEATRIZ M. CAPOTE, ESQ.

1-20-04
DATE

04 JUN 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AND
FILED

Fax Audit # H04000010435 3