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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634~3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

imeca hialeah, I.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZATION OF IMECA HIALEAH, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certify that

#### ARTICLE

The name of the Limited Liability Company is: IMECA HIALEAH, L.L.C.

#### ARTICLEH

The mailing address and street address of the principal office of the Limited Liability Company shall initially be located at \$400 N.W. 58\* Street Manni Springs, Florida 53166, or any other place upon which the members agree.

#### ARTICLE III

The period of duration for the Limited Liability Company shall be: Perpetual

#### ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers who may but are not required to be, members of the Company. The name and address of the manager(s) who will serve as manager(s) until the first annual meeting of the members or until their/his successor is selected and qualified in accordance with the Regulations is as follows:

MICHELANGELO COCCHIOLA - 2400 N.W. 52th Street, Miami Springs, Florida 33166

TONY COCCHIOLA - 8400 N.W. 58 Street, Miami Springs, Florida 33166

#### ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: By unanimous written consent of the existing members as per the terms of the Regulations.

JORGE B. BLANCO, ESQ. 1401 Ponce De Leon Boulevard, Suite 202 Coral Gables, Florida 331.24 Telephone No.: (305) 444-0044 Florida Bar No.: 197807

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#### ARTICLE VI

Thoright, if given, of the members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the our invence of any other event which translates the continued membership of a member in the Limited Liability Company shall be as provided for in the written Regulations of the Company.

#### ARTICLE VII

The name and the Florida street address of the registered agent and registered office are:

MICHELANGELO COCCHIOLA - 8400 N.W. 58th Street, Miami Springs, Florida 33166

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, thereby accept the appointment as registered agent and agree to not in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of phylicities, and, am familiar with and accept the obligations of my position as registered agent.

MICHELANOBIA COCCHICIA Registered Agent

#### ARTICLE VIII

Purpose: The Company is organized to purchase, acquire, buy, sell, own, trads in, hold, develop, lease, manage, subdivide, and otherwise deal in and with the retil property and improvements thereon, and to engage in such other lawful activities as are reasonably necessary; convenient, or incidental to that purpose or any other business permitted under the Act.

#### ARTICLE IX

Regulations: Any Regulations as defined in Section 605.402 (13) of the Act, relating to this Limited Liability Company must be in writing and rigned by all the Members.

IN WITNESS WHEREOF, I have signed these Articles of Organization and action we deged them to be my act this \_\_\_\_\_ day of May, 2005.

MICHELANGE OCCUPATION

TONY COCCHICA Manager

MICHELANGELO COCCHIOLA TELEFICIA BEST

In accordance with Section 608.408(3), Florida Statutes, the execution of this Affidavit

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constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

#### STATE OF FLORIDA

#### COUNTY OF MIAMI-DADE

I HEREBY CERTIFY, that on the Zaday of May, 2005, personally appeared before me, MICHELANGELO COCCHIOLA and TONY COCCHIOLA, to me well known or who have provided their Florida Drivers' Licenses, as identification.

IN WITNESS WHEREOF, I have set my hand and official seal at Miami. County of Miami-Dade, State of Florida, the day and year above written:

Notary Public, State of Florida

My Commission Expites:



MAY-24-2005 13:0

#### 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 POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

a. The same of the Limited Liability Company Is: IMECA HIALEAH, L.L.C.

The name and the Florida street address of the registered agent and registered office

ATC:

MICHELANGELO COCCHIOLA-8400 N.W. 52 Street, Miami Springs, Plorida

33166

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 centificate, Mereby accept the appointment as registered agent and agree to see in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of thy duties, and I am familiar with and accept the obligations of my position as registered agent.

MICHELANOBLO COCCHIOLA, Registored Agent

SECRETARY OF STATE

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