

Florida Department of State
Division of Corporations
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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

Inversiones 203, llc

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

INVERSIONES 203, LLC

ARTICLE I

The name of the Limited Liability Company shall: INVERSIONES 203, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

ARTICLE IV

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, DORAL, FL 33172

ARTICLE V

The name of the Managing Member(s) of this company shall be:

- | | |
|-----------------------------|--|
| DOUGLAS R. HURTADO | 10556 NW 26th STREET, D-101
DORAL, FL 33172 |
| LORELVY M. HURTADO | 10556 NW 26th STREET, D-101
DORAL, FL 33172 |
| LORENZO J. HURTADO | 10556 NW 26th STREET, D-101
DORAL, FL 33172 |
| FRONILDE C. DIAZ DE HURTADO | 10556 NW 26th STREET, D-101
DORAL, FL 33172 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

INVERSIONES 203, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Signature of a Member or an Authorized Representative of a Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

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