Division of Corporations

Corporations

Plorida Department of State

https://efile.supbiz.org/scripts/efilcovr.exe

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.

(((H050002812073)))

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 : EMPIRE CORPORATE KIT COMPANY

CONTROL OF THE TAX AND A STATE OF TAX AND A ST

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

LIMITED LIABILITY COMPANY

summit capital investment llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

s bryok DEC 9 2005

HERETARIE FILIPS MARK.

Councies filing

Rublic Access Halp

12/8/2005 I:19 PM

1 of 1

EMP1RE

DEC-08-5002 14:04

HOS000281207

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Summit Capital Investment LLC	2005 P
ARTICLE II - Address: The mailing address and street address of the print is:	cipal office of the Limited Liability Company
Principal Office Address:	Madline Address:
4937 S.W. 75 Ave.	4937 S.W. 75 Ave.
Building B Unit 21	Building B Unit 21
Miami, Florida 33155	Miami, Florida 33155
	•

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Maria Fernandez-Valle Name

3750 N.W. 87 Ave., Unit 100 Florida street address

Miami, Florida 33178
City, State, and 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 608, Florida Statutes.

Registered Agent's Signature

HOS000281207

HOSOUD281207

ARTICLE IV - Manager(s) or Ma The name and address of each Mana	Page 1 of 2 (CONTINUED) maging Member(s): ger of Managing Member is as follows: Name and Address:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Luis Alonso 4937 S.W. 75 Ave. Building B Unit 21 Mismi. Florida 33173
	be added if an effective date is requested.
(In accordance with so of this document const	per or an authorized representative of a member. action 608.408(3), Florida Statutes, the execution itsess an afternation under the penalties of perjury the facts stated herein are true.)

Filing Fees:

\$100.00 Filing fee for Article of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

Maria Fernandez-Valle
Typed of printed name of signee

HOS000281207