

LOG 0000 99608

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.

((H06000249688 3)))



H060002496883ABCA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT 11 AM 9:31

FILED

RECEIVED

06 OCT 11 PM 4:32

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

9066, llc

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

LOG-99608
OK

③

H00000249088

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
9066, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>2614 PONCE DE LEON BLVD.</u>	<u>SAME</u>
<u>PENTHOUSE 1</u>	
<u>CORAL GABLES, FLORIDA 33134</u>	

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

BETTY NG
Name

2614 PONCE DE LEON BLVD., PENTHOUSE 1
Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FLORIDA 33134
City, State, and Zip

OCT 11 AM 9:31
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above named 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.

Betty Ng
Registered Agent's Signature

10/13/2004 03:05PM

H00000249088

H100000249088

ARTICLE IV-Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

NG FAMILY

2614 PONCE DE LEON BLVD. PENTHOUSE 1
CORAL GABLES, FLORIDA 33134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

BETTY NG

Typed or printed name of signer

- 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)

10/13/2004 03:05PM

H100000249088

SECRETARY OF STATE
RECEIVED
2006 OCT 11 AM 9:31

FILED