

W9000050666

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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RECEIVED  
09 MAY 26 AM 10:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 MAY 26 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 26 2009  
EXAMINER

**ECFS**

**EXPRESS CORPORATE FILING SERVICE, INC**  
**1000 PONCE DE LEON BLVD., STE: 101**  
**CORAL GABLES, FL 33134**  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

- 1. CODINCA FLORIDA, LLC  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
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- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED  
09 MAY 26 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CODINCA FLORIDA, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

1120 S POWERLINE RD  
POMPANO BEACH, FL 33069

1120 S POWERLINE RD  
POMPANO BEACH, FL 33069

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LUIS M. CABRERA

Name

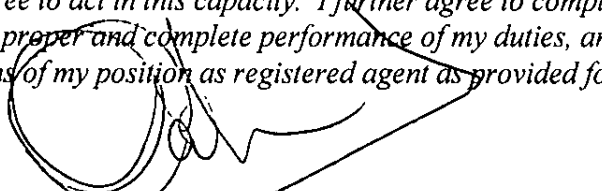
1120 S POWERLINE RD

Florida street address (P.O. Box **NOT** acceptable)

POMPANO BEACH FL

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, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGRM

FERNANDO VOLANTE

1120 S POWERLINE RD

POMPANO BEACH, FL 33069

MGRM

ALFREDO VOLANTE

1120 S POWERLINE RD

POMPANO BEACH, FL 33069

MGRM

HUGO NEMIROVSKY

1120 S POWERLINE RD

POMPANO BEACH, FL 33069

MGR

FERNANDO VOLANTE ESCLUSA

1120 S POWERLINE RD

POMPANO BEACH, FL 33069

MGR

ALFREDO VOLANTE NEVETT

1120 S POWERLINE RD

POMPANO BEACH, FL 33069

**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.)

FERNANDO VOLANTE

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**