

FEB-24-2012 FR 10:02:04 AM

Division of Corporations

P.001

Page 1 of 1

**L10000420904**

Florida Department of State  
Division of Corporations  
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.**

(((H10000041263 3)))



H100000412633ABCR

**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) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 23 PM 1:37

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
DOFASI, LLC

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

**D. BRUCE**

FEB 24 2010

**EXAMINER**

RECEIVED

10 FEB 23 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION**

**OF**

**DOFASI, LLC**

**ARTICLE I**

The name of the limited liability company is **DOFASI, LLC**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date:

2/23/10

Registered Agent's Signature

*Mayra Fernandez*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 23 PM 1:37

FILED


**ARTICLE V**

The name and address of each Manager or Managing Member is as follows:

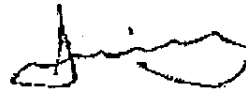
| <u>Title:</u> | <u>Name and Address:</u>   |
|---------------|--|
| Manager       | Juan Carlos Martinez<br>255 Alhambra Circle<br>Suite 500<br>Coral Gables, FL 33134   |
| Manager       | Rene Pierre Gueracague<br>255 Alhambra Circle<br>Suite 500<br>Coral Gables, FL 33134 |
| Manager       | Bruno Gueracague<br>255 Alhambra Circle<br>Suite 500<br>Coral Gables, FL 33134       |

*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.*

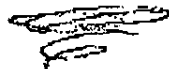
Authorized Signee:



Juan Carlos Martinez



Rene Pierre Gueracague



Bruno Gueracague

**FILED**  
10 FEB 23 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA