

L10000102453

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.

((H10000215898 3)))



H100002158983ABC1

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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

RECEIVED  
10 SEP 30 PM 4: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Caribbean Wholesale S.A. LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN

OCT - 1 2010  
9/30/2010

EXAMINER

H10000215898

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Caribbean Wholesale S.A. LLC

**ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: 12002 SW 102 Street, Miami, FL 33186

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

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

**GEORGES AL RAYES**

Name

12002 SW 102 Street

Florida Street address (P.O. Box NOT acceptable)

Miami, Florida 33186

City

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

**ARTICLE IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

**ARTICLE V - The name and address of managing members/managers are:**

TITLE MGRM  
NIHAD AL RAYES  
12002 SW 102 STREET  
MIAMI, FLORIDA 33186

TITLE MGRM  
LINDA AL RAYES  
12002 SW 102 STREET  
MIAMI, FLORIDA 33186

TITLE MGRM  
GEORGE AL RAYES  
12002 SW 102 STREET  
MIAMI, FLORIDA 33186

H10000215898

H10000215898

(An additional article must be added if an effective date is requested)

~~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)

GEORGEN AL RAYES

Typed or printed name of signer

H10000215898