

# L 10000127252

Florida Department of State  
Division of Corporations  
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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

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FLORIDA LIMITED LIABILITY CO.  
networkship llc

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

K. SALLY  
EXAMINER  
DEC 13 2010

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COVER LETTER H10000266109

TO: Registration Section  
Division of Corporations

SUBJECT: NETWORKSHIP LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER R. ABESADA, ESQ.  
Name of Person

PETER R. ABESADA & ASSOCIATES, P.A.  
Firm/Company

3676 SW 2nd Street  
Address

Miami, Florida 33135  
City/State and Zip Code

Peter@abesadalaw.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter R. Abesada at ( 305 ) 446-6691  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Networkship 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:**

Suite 3817  
1200 Brickell Bay Drive  
Miami, Florida 33131

SAME

**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:

Peter R. Abesada, Esq.  
Name

3676 SW 2nd Street  
Florida street address (P.O. Box NOT acceptable)

Miami FL 33135  
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)

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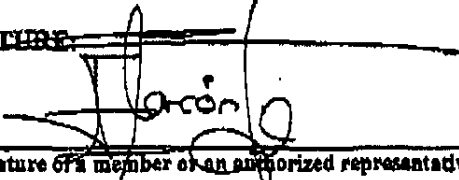
**ARTICLE IV- Manager(s) or Managing Member(s):**

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>Jorge Orlando Alarcon</u> Niño (MGRM)	<u>Transversal 6 No. 27-10</u> <u>Oficina 207</u> <u>Edificio Antares Bogota D.C.</u> <u>Colombia</u>
<u>Johan Emerson</u> Alarcon C (MGRM)	<u>Calle 97 No. 13-44</u> <u>Bogota D.C. Colombia</u>
<u>Pedro Chia Diaz</u>	<u>Calle 97 No. 13-44</u> <u>Bogota D.C. COLOMBIA</u>

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Johan Emerson Alarcon Contreras  
Typed or printed name of signer

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)

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