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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

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* ATT STATE OF THE PROPERTY OF THE PROP

## FLORIDA LIMITED LIABILITY CO.

SALCLA LLC.

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12/5/2011

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:
SALCLA LLC.	

(Must and 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:

Frincipal Office Address:	Maining Address:		
CRANDON BLVD	SAME		
789 OCEAN CLUB TOWER ONE, #605			
KEY BISCAYNE, FL 33149		_ <del></del>	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an individ	lual or another in the	-
EDUARDO GOMEZ		TARY ASSE	1
Na	ine		
187 N. SHOREDF	RIVE, SUITE 187-4	B 8: 84 FSTATE FLORID,	
Florida street	address (P.O. Box NOT acceptable)	考 語	
MIAMI REACH	221/11	≯`	

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.

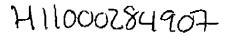
City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Me	ember	
MGRM	SALVADOR A. CANNELLA	
	CRANDON BLVD, 789 OCEAN CLUB TOWER ONE, # 605	
	KEY BISCAYNE, FL 33149	
MODM	ALLEN C. OFNING DE CAMPELLA	
MGRM	CLAUDIA E. RENNA DE CANNELLA	
	CRANDON BLVD, 789 OCEAN CLUB TOWER ONE, # 605	
	KEY BISCAYNE, FL 33149	
<del></del>		
(Use attachment if necessa	m)	
(Ose attachment it necessa	49)	
ARTICLE V: Effective date, if oth (If an effective date is listed, the date or 90 days after the date of filing	ner than the date of filing: (OPTIONA ate must be specific and cannot be more than five business day g.)	.L) ⁄s prior
<u>REQUIRED</u> SIGNATUR	44 Es	÷ <b>1</b>
Signature	of a member or an authorized representative of a member.	<b>B</b> _
constitutes an affir I am aware that any	mation under the penalties of perjury that the facts stated herein are true, to you place information submitted in a document to the Department of States degree felony as provided for in s.817.155, F.S.)	01 1
EDUA	ARDO GOMEZ	產四
	Typed or printed name of signee	8 D
Filing Fees:	Ø A	<b>.</b>

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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