

LI5002815823ABC

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.

(((H15000261582 3)))



H150002815823ABC/

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)617-6381

From: Account Name : KATZ, BARRON, SQUITERO AND FAUST
Account Number : 072627002473
Phone : (305)856-2444
Fax Number : (305)285-9227

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

Email Address: Corpco@katzbarron.com

Matter #26053002 (SBM)

FLORIDA LIMITED LIABILITY CO.
MATASACA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

15 NOV -2 PM 2:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -2 PM 3:03

Fax Audit No. (((H15000261582 3)))

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

ARTICLE I. - Name

The name of the Limited Liability Company is:

MATASACA INVESTMENTS, LLC

ARTICLE II. - Address

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

4141 NE 2nd Avenue, Suite 200-B
Miami, FL 33137

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

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

Mauricio Zapata
4141 NE 2nd Avenue, Suite 200-B
Miami, FL 33137

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 605, F.S.

REGISTERED AGENT:

By: /s/ Mauricio Zapata

FILED
NOV-2 PM 2:27
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Fax Audit No. (((H15000261582 3)))

ARTICLE IV. - Management

The name and address of each person authorized to manage and control the Limited Liability Company is:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Mauricio Zapata 4141 NE 2 nd Avenue, Suite 200-B Miami, FL 33137

/s/ Mauricio Zapata

Member or Authorized Representative of a Member

(In accordance with section 605.0203 (1) (b), 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.)

H:\LIB\DOCS\26053002\ART\OK6415.DOC