

L98000001798



ACCOUNT NO. : 072100000032
REFERENCE : 957295 82293A
AUTHORIZATION :
COST LIMIT : \$ PPD

ORDER DATE : September 10, 1998
ORDER TIME : 1:54 PM
ORDER NO. : 957295-005
CUSTOMER NO: 82293A

CM

CUSTOMER: Almadeo Lopez-castro, Iii, Esq
MARTINEZ-ESTEVE & LOPEZ-CASTRO
Suite 304
901 Ponce De Leon Boulevard
Coral Gables, FL 33134

FILED
93 SEP 10 AM 9:47
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GAVERINA U.S.A., L.C.

300002636583--0
-09/10/98--01063--014
***346.25 ***346.25

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: STACY EARNEST

EXAMINER'S INITIALS: _____

RECEIVED
98 SEP 11 PM 2:40
DIVISION OF CORPORATION

**TRANSMITTAL LETTER FOR FLORIDA
LIMITED LIABILITY COMPANY**

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: GAVERINA U.S.A., L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgment will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: AMADEO LOPEZ-CASTRO III, ESO.
Name (Printed or typed)

901 Ponce de Leon Blvd., #304
Address

Coral Gables, Florida 33134
City, State & Zip

305-441-2401
Daytime Telephone number

FILED
93 SEP 10 AM 9:47
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

GAVERINA U.S.A., L.C.

ARTICLE II- Address:

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

7400 Center Bay Drive
Miami Beach, FL 33141

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV- Management:

(check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Antonio Nigrelli
7400 Center Bay Drive
Miami Beach, FL 33141

FILED
08 SEP 10 AM 9:17
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
GAVERINA U.S.A., L.C. deposes and says:

1) the above named limited liability company has at least ~~xxx~~^{one} members

2) the total amount of cash contributed by the member(s) is

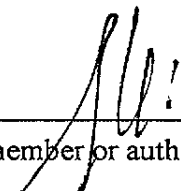
\$ 1,000.⁰⁰
(one thousand)

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0

5) the total amounts of 2, 3 and 4 is

\$ 1,000.⁰⁰
(one thousand)



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED
98 SEP 10 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name Of the limited liability Company is: GAVERINA U.S.A., L.C.

2. The name and address Of the registered agent and Office is:

Antonio Nigrelli
(NAME)

7400 Center Bay Drive
(P. O. BOX NOT ACCEPTABLE)

Miami Beach, FL 33141
(CITY/STATE/ZIP)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

98 SEP 10 AM 9:48

FILED

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.


(SIGNATURE)

9/9/98
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent