

197000000104

1/24/97

MARIA

MANUEL E. CABEZAS

800 Douglas Rd. #351

Coral Gables FL 33134

City State ZIP Phone

444-7282A

VALIDATION ONLY

900002073089--2

-01/29/97--01089--015

\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

Servicios Artísticos Latinos Limited  
company

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
JUN 27 AM 11:26

Empire Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

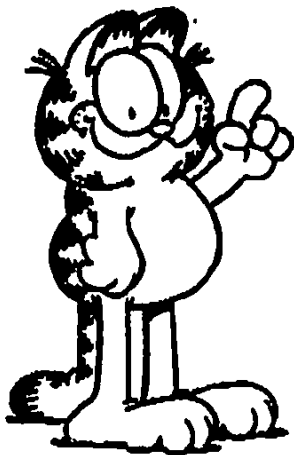
Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

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97 JAN 27 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN-27-1997 14:54 FROM

TO

19844876813 P.01



# TELECOPIER TRANSMITTAL FORM



1492 WEST FLAGLER STREET  
SUITE 200

MIAMI, FLORIDA 33135  
TELEPHONE NO. (305) 541-3694  
FAX NO. (305) 541-3770



DATE: 1-27-97

NUMBER OF PAGES  
INCLUDING TRANSMITTAL FORM

TO: Bobby  
Sec. of State

FAX NO.: 001487-603

PHONE NO.: \_\_\_\_\_

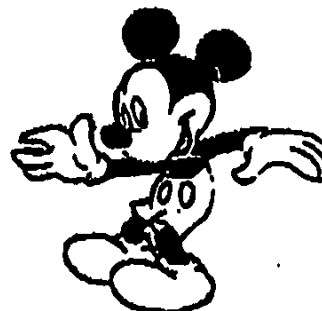
TIME: \_\_\_\_\_

FROM: Christina

REGARDING: Servicios Artisticos Latinos  
Limited company

DESCRIPTION OF DOCUMENT TRANSMITTED: \_\_\_\_\_

REMARKS: Per your conversation w/ Gemma  
the English translation is: Latin  
Artistic services Limited company.



**ARTICLES OF ORGANIZATION  
FOR  
SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY**

**ARTICLE II - Address:**

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

683 Verona Court  
Fort Lauderdale, Florida 33326

**ARTICLE III - Duration:**

The period of duration of the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by a manager and the name and address of such manager is:

Raul Dario Vazquez  
683 Verona Court  
Fort Lauderdale, Florida 33326

**ARTICLE V - Admission of Additional Members:**

The members of the Limited Liability Company may admit additional members with the unanimous approval of the existing members.

Prepared by:  
Manuel E. Cabeza, Esquire  
800 Douglas Road, Suite 351  
Coral Gables, Florida 33134  
Florida Bar No. 371165

**ARTICLE VI - Members' Rights to Continue Business:**

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the remaining members, by unanimous approval, may elect to continue the business of the Limited Liability Company.

Dated this 23<sup>rd</sup> day of January, 1997, at the City of Coral Gables, County of Dade, State of Florida



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Manuel E. Cabeza, Esquire  
Authorized Representative of  
Raul Dario Vazquez, Member

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **SERVICIOS ARTISTICOS LATINOS  
LIMITED COMPANY.**
2. The name and address of the registered agent and office is:

**Manuel E. Cabeza, Esquire  
Manuel E. Cabeza, P.A.  
800 Douglas Road, Suite 351  
Coral Gables, Florida 33134**

*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.*

Dated at the City of Coral Gables, Dade County, Florida, this 23<sup>rd</sup> day of January, 1997.

  
Manuel E. Cabeza

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS


STATE OF FLORIDA     )  
                                  )  
COUNTY OF DADE     )

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned member or authorized representative of a member of **SERVICIOS ARTISTICOS LATINOS LIMITED COMPANY**, deposes and says:

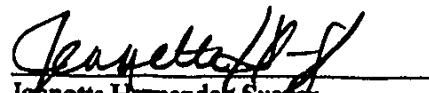
1. The above named Limited Liability Company has at least two members.
2. The total amount of cash contributed by the members is \$1,000.00
3. If any, the agreed value of property other than cash contributed by members is \$ NONE.
4. The total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes amounts from 2 and 3 above.
5. Affiant understands that, in accordance with Section 608.408(3), Florida Statutes, the execution of this Affidavit constitutes an affirmation under penalties of perjury that the facts stated herein are true.

Further affiant sayeth naught.

  
Manuel E. Cabeza, Esquire  
Authorized Representative of  
Raul Dario Vazquez, Member

Sworn and subscribed to before me on this 23<sup>rd</sup> day of January, 1997



  
Jeanette Hernandez-Suarez  
Notary Public, State of Florida