

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

**L010000006644**

CONTACT: CINDY HICKS

600004090726--7  
-04/30/01--01032--022  
\*\*\*\*155.00 \*\*\*\*155.00

DATE: 4-30-01

REF. #: 0150.15737

CORP. NAME: UGOMAN, LLC.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER: _____                |   |   |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 APR 30 AM 11:29

APPROVED  
AND  
FILED

STATE FEES PREPAID WITH CHECK# 15086 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2001 APR 30 AM 10:52

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

\_\_\_\_\_  
COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

*10086/3001*

Examiner's Initials

## ARTICLES OF ORGANIZATION

OF

UGOMAN LLC

### ARTICLE I

The name of the limited liability company (hereinafter called the "limited liability company") is UGOMAN LLC.

### ARTICLE II

The address of the principal office and the mailing address of the limited liability company is 525 Navarre Avenue, Coral Gables, Florida 33134.

### ARTICLE III

The period of duration for the limited liability company shall be perpetual.

### ARTICLE IV

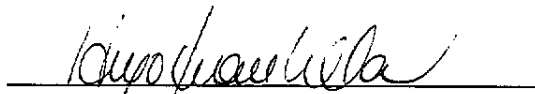
The remaining members of the Company have the right to continue the business in the event of the termination of the Company at any time due to death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in the Company, provided that all of the remaining members agree to do so in writing within 120 days after the date of a member's termination of membership.

### ARTICLE V

The name and the Florida street address of the registered agent and office is

Hugo Mantilla  
525 Navarre Avenue  
Coral Gables, Florida 33134

*Having been named as the 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.*

  
Hugo Mantilla

Date: April 27, 2001

APPROVED  
AND  
FILED  
01 APR 30 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI**

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
Hugo Mantilla, 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.)

Hugo Mantilla

Typed or printed name of signer

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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AND  
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TALLAHASSEE, FLORIDA