

W050000 10959

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

05 FEB -2 PM 4:11

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB -2 AM 8:49

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LIMITED LIABILITY COMPANY

reybaum, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W05-10959
JK

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HD5000028210

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Reybaum, LLC.

ARTICLE II - Address:

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

Principal Office Address:

2937 SW 27th Avenue

Ste. 107

Miami, Florida 33133

Mailing Address:

2937 SW 27th Avenue

Ste. 107

Miami, Florida 33133

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

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

Richard J. Diaz, P.A., Ana M. Santisteban, Esq.

Name

3127 Ponce De Leon, Blvd.

Florida street address (P.O. Box NOT acceptable)

Coral Gables, Florida 33134

FL

City, State, and Zip

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.

Registered Agent's Signature

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGRM" - Managing Member

2837 SW 27th Avenue, Ste. 107
Miami, Florida

NOTE: An additional article must be added if an effective date is requested.

Typed or printed name of signer

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA