Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number: 071001002335 Phone : (305)599-0839

Fax Number

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

THEBAS FARM, L.L.C.

A. LUNT

DEC 18 2008

EXAMINER

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I- Name:

The name of the Limited Liability Company is: THEBAS FARM, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C,")

### ARTICLE II- Address:

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

Principal Office Address:

12401 SW 51 ST MIAMI, FL 33175 Mailing Address: SAME

ARTICLE III- Manager(s) or Managing Member(s):

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

<u>Title</u>

Name and Address:

MEMBER

CELIA ALESSANDRINI

12401 SW 51 ST MIAMI, FL 33175

MANAGER MEMBER

JOSE A. ALESSANDRINI

12401 SW 51 ST MIAMI, FL 33175

MANAGER MEMBER

ALEX A. ALESSANDRINI

12401 SW 51 ST MIAMI, FL 33175

# ARTICLE IV- Registered Agent, Registered Office & Registered Agent's Signature:

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

#### CELIA ALESSANDRINI

Name

12401 SW 51 ST

Florida Street Address

MIAMI, FL 33175

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 certificated, 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 statures 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 (Required)

**ARTICLE V:** Effective date, if other than the date of filing: 12-17-08 (optional)

SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

**CELIA ALESSANDRINI** 

Type or printed name of signee.