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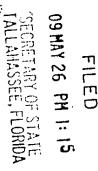


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B. KOHR
MAY 2 6 2009
EXAMINER



**ECFS** 

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

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Examiner's Initials

OFFICE USE ONLY

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait I	Photocopy Certificate of Status
	1
NEW FILINGS AM	ENDMENTS
Profit Ame	endment
NonProfit Resi	gnation of R.A., Officer/Director
Limited Liability Char	nge of Registered Agent
Domestication Diss	olution/Withdrawal
Other Mer	ger

Trademark

Other

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY)
ARTICLE I - Name: The name of the Limited Liability Company is:	
CODINCA FLOR	RIDA, LLC
(Must end with the words "Limited Liabili	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1120 S POWERLINE RD POMPANO BEACH, FL 33069	1120 S POWERLINE RD POMPANO BEACH, FL 33069
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
LUIS M. CA	BRERA
Name	
1120 S POWE	
Florida street address (P.O.	Box NOT acceptable)
POMPANO BEACH	FL 7:-
City, State, an	•
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a liberther agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED)

## Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	FERNANDO VOLANTE
	1120 S POWERLINE RD
	POMPANO BEACH, FL 33069
MGRM	ALFREDO VOLANTE
	1120 S POWERLINE RD
	POMPANO BEACH, FL 33069
MGRM	HUGO NEMIROVSKY
	1120 S POWERLINE RD
	POMPANO BEACH, FL 33069
MGR	FERNANDO VOLANTÉ ESCLUSA
	1120 S POWERLINE RD
	POMPANO BEACH, FL 33069
MGR	ALFREDO VOLANTENEVETT
	1120 S POWERLINE RD
	POMPANO BEACH, FL 33069
REQUIRED SIGNATURE:	

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

FERNANDO VOLANTE

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)