

Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000001504 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4003

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)541-3694 Phone : (305)541-3770 Fax Number

LIMITED LIABILITY COMPANY

GRISALES-ALFANO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$ 125.0 0

AL]

P.01/04

4000000001504

ARTICLES OF ORGANIZATION OF GRISALES-ALFANO, LLC LIMITED LIABILITY COMPANY

The undersigned, desiring to form a Limited Liability Company under and pursuant to Section 608.404 of the Limited Liability Act, pursuant to Chapter 608 of the Fiorida Statutes, of the State of Florida, do hereby certify as follows:

FIRST: The name of said limited liability company shall be the GRISALES-ALFANO. LLC and the mailing address and the street address of the principal office of the limited liability company shall be 4471 North West 36 Street, Suite 212, Miami, Florida 33166.

SECOND: GRISALES-ALFANO, LLC shall have a perpetual duration from the date of the filing of these Articles of Organization.

THIRD: Copies of the operating agreement and bylaws of the GRISALES-ALFANO, LLC LIMITED LIABILITY COMPANY may be obtained from the Managing Member via a written request mailed to 3400 Coral Way, Suite 603, Miami, Florida 33145, which is the place in the State of Florida where the principal office of the company is located.

FOURTH: The purposes for which the GRISALES-ALFANO, LLC is formed are:

- (A) to represent clientele in legal matters and to work in association to prepare and process legal documentation;
- (B) to engage in such other lawful acts or activities for which limited liability companies may be formed under Chapter 608 of the Statutes of the State of Florida.

FIFTH: The maximum number of ownership units which GRISALES-ALFANO, LLC is authorized to have ourstanding is one hundred (100), all of which shall be identical units, and each of which shall represent the ownership of that percentage of the total units outstanding at any time as is the equivalent of the ratio in which one (1) is the numerator and the total units outstanding is the denominator.

SIXTH: This limited liability company shall be manager-managed and will have two managers, OSCAR GRISALES and ALEXANDER J. ALFANO.

SEVENTH: The name and mailing address of the company's registered agent is ALEXANDER J. ALFANO whose mailing address is to 3400 Coral Way, Suite 603, Miami, Florida 33145.

H0000001504

H00000001504

GRISALES-ALFANO, LLC page 2 of 2

EIGHTH: Affidavit of Membership

The undersigned member or authorized representative of a member of GRISALES-ALFANO, LLC, certifies that the above named limited liability company has at least two (2) members:

IN WITNESS WHEREOF, we have hereunto subscribed our names this day of 50000, 18

OSCAR GRISALES, ESO.

ALEXANDER VALENO ESO

0 JAN 11 PH 12: 00

Initials ***

H00000001504

400000001504

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company GRISALES-ALFANO, LLC.
- 2. The name and the Florida street address of the registered agent are:

ALEXANDER J. ALFANO, ESQ 3400 CORAL WAY, SUITE 603 MIAMI, FLORIDA 33145

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.

Signature

ALEXANDER J. ALFANO, ESQ

Date:

00 :21 PH 2: 00

400000001504