

Florida Department of State

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

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To:

Division of Corporations Fax Number : (850)922-4003

From:

Account Name	ŧ
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EMPIRE CORPORATE KIT COMPANY 072450003255 (305)541-3694 (305)541-3770

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LIMITED LIABILITY COMPANY

PISARIS INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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EMPIRE CORP FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

H00000011 18 The name of the Limited Liability Company is:

Pisaris International, LLC

ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is:

19 West Flagler Street, Suite 600 Miami, Florida 33130

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

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

David M. Turner
Name
19 West Flagler Street, Suite 600
Florida street address
Miami, Florida 33130
is a second to be the second sec
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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relating for my
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company at the place designated in this certificate, end is comply with the provisions of all statutes retaining the agree to act in this capacity. I further agree to comply with the provisions of all statutes retaining of my agree to act in this capacity. I further agree to comply with the provisions of all statutes retaining the proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties, and I am familiar with and accept the obligations of my proper and complete performance of pay furties.
Servered Agent's Signature
Check only if applicable).
ARTICLE IV - Management (Check only if applicable).
I must be insided Liability Company is to be managed by one managed of the
therefore, a manager - managed company.
(An additional article mult be added if an effective date is required).
X (XTN)
Signature of a member or an authorized representative of a member.
(In accordance with Section 608.408(3), Florida Status, the execution of this document true). constitutes an affirmation under the penalties of perjury that the facts stated herein are true).
COMMITTES AT STITUTES AT STITU
Typed or printed name of signer

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