OR FORD MITT CLETTY COURT OF STATE OF S

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

CARTBREAN SERVICES LIMITED LIABILITY COMPANY (Proposed limited liability company name - must include suffix)

800003265058--4 -05/24/00--01050--005... *****285.00 ****125.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit and additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.58. Please send one check for the total amount made payable to the Floridate Department of State.

FROM: JOHN H. CABANAS
Name (Printed or typed)

114B PONCE DE LEON BLVD.

CORAL GABLES, FL 33135
City, State & Zip

(305) 445-8799

Daytime Telephone number

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Name Availa City

700



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 31, 2000

JOHN H. CABANAS 114B PONCE DE LEON BLVD. CORAL GABLES, FL 33135

SUBJECT: CARIBBEAN SERVICES LIMITED LIABILITY COMPANY

Ref. Number: W00000013806

We have received your document for CARIBBEAN SERVICES LIMITED LIABILITY COMPANY and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned you.

Be sure to leave the signature of the member.,

Please return your document, along with a copy of this letter, within 60 days gover filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 800A00030552

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CARIBBEAN SERVICES LIMITED LIABILITY COMPANY

ARTICLE II - Address:

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

114B PONCE DE LEON BLVD. CORAL GABLES, FL 33135

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

TWENTY YEARS

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and then name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are.

JOHN H. CABANAS 114B PONCE DE LEON BLVD. CORAL GABLES, FL 33135

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

SAME AS ABOVE

00 JUN -2 PM 3:

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SECRETARY OF STATE

Signature of a member or authorized representative of a member.

In accordance with section 608.408(3). Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

| 1. The name of the limited liability company is: CARIBBEAN SERVICE | | |
|--|--|-----------|
| LIMITED LIABILITY COMPANY | | |
| 2. The name and address of the registered agent and office is: | SECRETARY TALLAHASSI | 2- NOL 00 |
| JOHN H. CABANAS | | |
| (NAME) | <u> </u> | ₹ (|
| 114B PONCE DE LEON BLVD. | LONII. | PM 3: 48 |
| (P. O. BOX NOT ACCEPTABLE) | \triangleright | ငာ |
| CORAL GABLES, FL 33135 (CITY/STATE/ZIP) Having been named as registered agent and to accept service of process for the service o | the abov | e |
| Having been named as registered agent and to takept service of process stated limited liability company at the place designated in this certificate, I here the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as a agent. (Signifure) | oy acce _l · agree o · formanc | .e o |
| (Signature) | | • |

Filing Fee: \$ 35 for Designation of Registered Agent