





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 to permit the filing of an "Affidavit of Membership and Capital Contributions". Therefore, the enclosed document has not been filed and is being returned to you.

Be sure to leave the signature of the member.,

Please return your document, along with a copy of this letter, within 60 days your 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

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TALLAHASSEE, FLORIDA

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## 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 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

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~~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 SERVICES  
LIMITED LIABILITY COMPANY

2. The name and address of the registered agent and office is:

JOHN H. CABANAS  
(NAME)  
114B PONCE DE LEON BLVD.  
(P. O. Box NOT ACCEPTABLE)  
CORAL GABLES, FL 33135  
(CITY/STATE/ZIP)

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*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)

6/2/00  
(DATE)

**Filing Fee: \$ 35 for Designation of Registered Agent**