LIMITED LIABILITY COMPANY

1001 Q.00 a

UNIFORM BUSINESS REPORT	(UBR)	May 07, 2002 8:00 an
DOCUMENT # L00000006442 1. Entity Name	180	Secretary of State 05-07-2002 90386 050 ****50.00
I.F. MULTICULTURAL INTERACTIVE SOLUT	TIONS, LLC	
DO NOT WRITE IN THIS SP	PACE	
2. Principal Place of Business 1101 BRICKELL QUENEE 1101 BRICKE	Le Avenu-	
Hth Floor South Tower 4th Floor	South Tower	DO NOT WRITE IN THIS SPACE
Mami Fl Country Zip Country	Country	4. FEI Number Applied For Not Applicable 5. Certificate of Status Position Applied For Status Position Applied For Not Applicable
33131 USA 33131	·USA	5. Certificate of Status Desired
DO NOT WRITE	Name Street Addres	Xave Sant. Nah as (P.O. Box Number is Not Acceptable)
IN THIS SPACE		4th Floor - South Tower
LF. MULTICULTURAL INTERACTIVE	City	Miami FL Bars 1
8. The above named entity submits SOLDTRONS, LLC he purpose of harging its re BY: INFISERVICE, CORP. (MANAGER) BY: XAVIER SANTILLAN, VICE PRESIDENT Signature, typed or printed name of registered against a facility of the control	egistered office or regis	tered agent, or both, in the State of Florida.
Make Check Paya	EE IS \$50.00 rable to Department UE BY MAY 1	of State
MANAGING MEMBERS/MANAGERS TITLE MANAGING PARAME	TITLE	
STREET ADDRESS 1101 Brickell AUEnue, 411 FI-South CITY-ST-ZIP Miam: FI 33131	NAME STREET ADDRESS CITY-ST-ZIP	100 M
TITLE NAME	TITLE NAME	CH 200
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ITTLE	TITLE	
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ITLE IAME STREET ADDRESS TITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
ITLE IAME TREET ADDRESS ITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
ITLE AME TREET ADDRESS ITY-ST-ZIP	TITLE , NAME STREET ADDRESS CITY-SI-ZIP	

11. I hereby certify that the information is understool is true and accurate any primes of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate any primes of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee any primes of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee any primes of the limited liability company or the receiver or trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes of the limited liability company or the receiver of trustee any primes o

305-37703PO Y-17-02 SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE