



UCC FILING & SEARCH SERVICES, INC.  
 526 East Park Avenue  
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*L00000012452*

817198/15500C  
 October 12, 2000

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Erfolikes, LLC

**Filing Evidence**

- Plain/Confirmation Copy
- Certified Copy

**Type of Document**

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

**Retrieval Request**

- Photocopy
- Certified Copy

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 OCT 12 PM 11:11  
 TALLAHASSEE, FLORIDA  
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -10/13/00--01003--008  
 \*\*\*155.00 \*\*\*155.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*10-13-00*  
 APPROVAL  
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**Articles Of Organization  
For  
Florida Limited Liability Company**

**Erfolikes, LLC.**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Erfolikes, LLC.

**ARTICLE II - Address:**

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

957 Harbor Inn Drive  
Coral Springs, Florida 33071

**ARTICLE III - Duration:**

The Limited Liability Company shall dissolve no later than December 31, 2099.

**ARTICLE IV - Management:**

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:

Warren Bloise  
957 Harbor Inn Drive  
Coral Springs, Florida 33071

Earl Foster  
P.O. Box 685  
Nairobi, Kenya Africa

Rohan Freeman  
53 Greenview Dr.  
Rocky Hill, Connecticut 06067

**ARTICLE V - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: left up to the remaining members and be determined by majority vote.

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FBI/DOJ

APPROVAL  
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*Warren Bloise*

**Warren Bloise, 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.)

**Filing Fee: \$125.00 for Articles and Affidavit**

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SECRETARY OF THE  
TREASURY

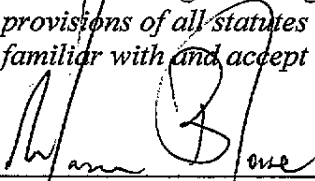
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is Erfolikes, LLC.
2. The name and the Florida street address of the registered agent is:

Warren Bloise  
957 Harbor Inn Drive  
Coral Springs, Florida 33071

*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.*



Warren Bloise, Registered Agent

**Filing Fee: \$ 25 for Designation of Registered Agent**

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