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**FLORIDA LEGAL SECRETARY**

TRANSMITTAL LETTER

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

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-10/26/00--01107--007  
\*\*\*\*160.00 \*\*\*\*160.00

SUBJECT: FOREIGN ATTORNEY SERVICES, L.L.C.

Enclosed please find an original and one (1) copy of the articles of incorporation for the above Limited Liability Company and check in the amount of \$ 160.00.

FROM: ROSA V. CALZADILLA S.  
5220 NW 55<sup>TH</sup> BLVD. No 103  
COCONUT CREEK, FLORIDA 33073  
(954) 570-85 22

FILED  
00 OCT 26 PM 5: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-13314  
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# **ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

## **ARTICLE I – NAME:**

The name of the Liability Company is:

**FOREING ATTORNEY SERVICES, L.L.C.**

## **ARTICLE II – ADDRESS:**

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

5220 NW 55<sup>th</sup> Blvd. No. 103  
Coconut Creek, Florida 33073

## **ARTICLE III – DURATION:**

The period of duration for the Limited Liability Company shall be thirty (30) years.

## **ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by the members and the name and addresses of the managing members are:

ROSA V. CALZADILLA S.  
PEDRO F. CAMPOCASSO H.  
5220 NW 55<sup>th</sup> Blvd. No. 103  
Coconut Creek, Florida 33073

This 17 day of October , 2000

  
ROSA V. CALZADILLA S.

  
PEDRO F. CAMPOCASSO H.

09 OCT 26 PM 5:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT**

The undersigned limited liability company, organized under the laws of the state of Florida, submits the following statement in designating the registered agent, in the State of Florida.

The name of corporation is FOREING ATTORNEY SERVICES, L.L.C.

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

IRIS J. SIFONTES

6600 NW 41<sup>ST</sup> TERR.

COCONUT CREEK FL 33073

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITD 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 FUTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
SIGNATURE

10/17/00  
DATE

FILED  
00 OCT 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA