

L000000015445

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H00000064257 9)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 922-4003

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 13 PM 5:05

## LIMITED LIABILITY COMPANY

AL

DELFIN PARTNERS, LIMITED LIABILITY COMPANY

L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

RECEIVED  
DIVISION OF CORPORATIONS  
00 DEC 13 PM 5:05

December 11, 2000

EMPIRE CORPORATE KIT COMPANY

SUBJECT: DELFIN PARTNERS  
REF: W00000028962

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt  
Document Specialist

FAX Aud. #: H00000064257  
Letter Number: 100A00062271

RECEIVED  
00 DEC 13 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H)

#00000064257

## ARTICLES OF ORGANIZATION FOR DELFIN PARTNERS, L.L.C.

### ARTICLE I - Name:

The name of the Limited Liability Company: **DELFIN PARTNERS, L.L.C.**

### ARTICLE II - Address:

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

c/o BARBS Corporation, 5420 N.W. 14<sup>th</sup> Avenue, Suite 106, Miami, Florida 33178

### ARTICLE III - Duration:

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

### ARTICLE IV - Management:

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are:

**Brava International Foods, Inc., a Florida corporation**  
c/o BARBS Corporation, 5420 N.W. 14<sup>th</sup> Avenue, Suite 106, Miami, Florida 33178

### ARTICLE V - Admission of Additional Members:

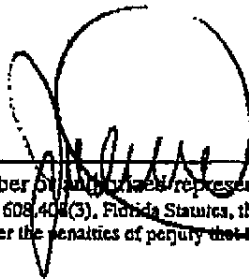
The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: *The members shall admit additional members to the company only by majority vote. The management of the company shall be reserved to the manager.*

### ARTICLE VI - 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: *The remaining member(s) shall have the right to continue the business.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 13 PM 5:05

H00000064257



12/7/00

Signature of a member or authorized representative of a member  
(In accordance with section 608.404(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 DEC 13 PM 5:05

**Ariel - Acosta Rubio, as President of Brava International Foods, Inc.**

TYPED OR PRINTED NAME

**FILING FEE: \$250 for Articles of Organization and Affidavit**

H00000064257

H000000064257

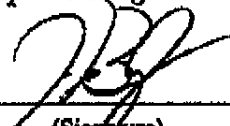
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


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: **DELFIN PARTNERS, L.L.C.**
2. The name and the Florida address of the registered agent and office are:

**Jose L. Baloyra, 1101 Brickell Avenue, South Tower, Suite 702, Miami, Florida 33131**

*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)

  
\_\_\_\_\_  
(Date)

**FILING FEE: \$35 for Designation of Registered Agent**

00 DEC 13 PM 5:05  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H000000064257