Division of Corporation

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.

(((H01000014173 8)))

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

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)541-3694

Fax Number

: (305)541-3770

LIMITED LIABILITY COMPANY

boni vento, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155,00

E0/50.9



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 5, 2001

EMPIRE

SUBJECT: BONI VENTO, LLC

REF: W01000002698

OIFEB-6 AMII: 46
SECRETARY OF STATE

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 designation of the registered agent must be at a Florida street address.

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) 487-6967.

Michelle Hodges Document Specialist FAX Aud. #: H01000014173 Letter Number: 001A00006993

H01000014173



ANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ARTICLES OF ORGANIZATION FOR FLORIDA LAMA			
ARTIC The ne	CLE I - Name: me of the Limited Liability Company is: Boni Vento, LLC			
Having statut accep	CLE II - Address: alling address and street address of the principal office of the Limited Liability Company 13379 S.W. 142 Terrace Miami, F.L. 33186 CLE III - Registered Agest, Registered Office, & Registered Agent's Signature: ame and the Florida street address of the registered agent are: Sergio DE BEDOU Name 13379 S.W. 142 Terrace Miami, City, State, and Zip City, State, and Zip Ing been named as registered agent and to accept service of process for the above stated limity company at the place designated in this certificate, I hereby accept the appointment as in company at the place designated in this capacity. I further agree to comply with the provisions of the proper and complete performance of my diales, and I am familiar with an itered agent and agree to accimple the performance of my diales, and I am familiar with an item the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registrand Agent's Signature cle IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and effore, a manager - managed company.	SECRETARY OF STATE TALLAHASSEE, FLORIDA &	OIFEB-6 AMII: 46	
	(An additional article must be added) if an effective date is requested) Signature of a mamber or an authorized representative of a member.			
	(In accordance with section 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parjury			

that the facts trained herein are true.)

FILING FLES: FILING FLES: FOR Articles of Organization HO1000014173 2549 Designation of Registered Agent
 2549 Caritles Copy (OPTIONAL)
 550 Certificate of Status (OPTIONAL)

Typed or printed name of signee