

## FACSIMILE COVER PAGE

Date:	5-18-01		,
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To: Fax #:	Division of	Conform	Tion S

From: FRANK WASOLI Voice #: 954 370 1230

FRANK NATOLI 14650 N BECKLEY Sq DAVIE FL 33321 954 370 1230

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MARICIAN OF CAUCA AMERICA	
ARTICLE I - Name:	
The name of the Limited Liability Company 18: 34766/66, CCC	
SAMAALRE, 2LC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and street address of the principal office of the Limited Liability Comparation mailing address and the principal of the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the principal office of the Limited Liability Comparation mailing address and the Liabi	ny is:
DAVIC 61 73725	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:	
Frank MATOL,	
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  FL 33725  City, State, and Zip	•
Florida street address (P.O. Box NOT acceptable)	
City, State, and Zip	· . i .
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment of registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.	ms of all and
Registered Agent's Signature	* > ===
K&Risteled WErm a presume	ن سائن ق
Article IV - Management (Check box if applicable.)	und is.
The Limited Liability Company is to be managed by	
therefore, a manager - managed company.	፤ ቧ
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(An additional article must be added if an effective date is requested)	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
Typed or printed name of signee	

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)