

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

AL

LIMITED LIABILITY COMPANY

rinar, llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION

OF RINAR, LLC

The undersigned member(s) to these Articles of Organization hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I NAME OF THE CORPORATION

The name of this corporation shall be: RINAR, LLC

ARTICLE II PURPOSES/NATURE OF BUSINESS

The general nature of the business to be transacted by this limited liability company is any activity and/or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This limited liability company shall have perpetual existence.

ARTICLE IV MAILING ADDDRESS OF COMPANY

The mailing address of this limited liability company in the State of Florida is:

801 BRICKELL AVENUE, SUITE 905 MIAMI, FLORIDA 33131

ARTICLE V STREET ADDDRESS OF COMPANY

The street address of the principal office of this limited liability company in the State of Florida is:

801 BRICKELL AVENUE, SUITE 905 MIAMI, FLORIDA 33131

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ARTICLE VI ADMISSION OF NEW MEMBERS

The Company may admit new members as provided in the Operating Agreement of the limited liability company.

ARTICLE VII AMENDMENT(S) AND/OR MODIFICATION(S)

These Articles of Organization may be amended, modified and/or changed in the manner provided for in the Operating Agreement of this limited liability company.

ARTICLE VIII REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent for the said limited liability company shall be and the registered agent's address shall be located at:

HUGO E. DORTA 801 BRICKELL AVENUE, SUITE 905 MIAMI, FLORIDA 33131

or such other place as the company shall from time to time designate, with appropriate notice being given to the Secretary of State.

ARTICLE IX MANAGER-MANAGEMENT AND MANAGER-MANAGEMENT AUTHORITY

The limited liability company is to be managed by a single manager, and is therefore, a Manager-Managed Company. The name and street addresses of the first Manager of the limited liability company, who, subject to the Operating Agreement, and the laws of the State of Florida, shall be:

MANAGER NAME/ADDRESS

1. OCTAVIO RINALDI 801 BRICKELL AVENUE, SUITE 905 MIAMI, FLORIDA 33131

SECRETARY OF STATE TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Manager/Member has executed the foregoing Articles of Organization at Miami-Dade County, Florida on this 21^{st} day of SEPTEMBER , 2001. Sole Manager/Member OCTAVIO RINALDI, STATE OF FLORIDA COUNTY OF MIAMI DADE BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared OCTAVIO RINALDI who acknowledged to having executed the foregoing instrument as Sole Manager/Member and (x) who is personally known to me and/or () who has/have produced FLORIDA DRIVER'S LICENSE/PASSPORT identification and who did take an oath. Witnessed hand and seal in Miami-Dade and State of Florida said on this 21st day of SEPTEMBER , 2001. aforesaid on this Нидо Епліции Соли My Commission C0983847 Expires November 26, 2064 (Sign) (Affix Notary Public's Seal)

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CERTIFICATE AND ACKNOWLEDGEMENT ACCEPTING DESIGNATION AS AGENT UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE MAY BE SERVED

Pursuant to Florida Statutes, Chapter 608, the undersigned agrees to act in the capacity of registered agent and to accept the service of process for the above-stated limited liability company at the place designated in the Articles of Organization. The undersigned further agrees to fully comply with the provisions of all applicable statutes and laws of the State of Florida relating to the proper and complete discharge of its duties.

(Sign)

Regist red Agent
Print Name: HUGO E. DORTA

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared HUGO E. DORTA

who acknowledges to having executed the foregoing instrument

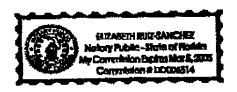
() who is personally known to me and/or () who has produced as identification and who did take an oath.

Witness my hand and seal in the County and State last aforesaid this 21^{57} day of SEPTEMBER 72001.

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(Sign) (Mayor VI)
Notary Public State of Floreda

(Affix Notary Public's Seal)



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