

CORPORATION(S) NAME		SE	3
Allende & Brea LLC			FILED FILED
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() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	_
() Limited Partnership (x) LLC	() Annual Report () Name Registration () Fictitious Name	() Other () Change of RA () UCC	
(x) Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	RECE
Name Availability	5/8/02	Order#: 233,169,8 ⊋	IVE
Document Examiner Updater	-	Ref#:	
Verifier		Amount: \$	

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

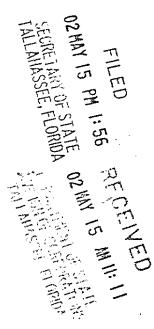


FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 9, 2002

CT CORPORATION

SUBJECT: ALLENDE & BREA LLC Ref. Number: W02000013428



We have received your document for ALLENDE & BREA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE MAILING ADDRESS IN ARTICLE II.

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) 245-6094.

Agnes Lunt Document Specialist

Please back date =

Letter Number: 302A00029215

AY-08-2002 12:52 CT CORPORATION SYS 1212 894 8490 P.0	2
ARTICLE I - Name: The name of the Limited Liability Company is: ALLENDE & BREA LLC	; ;
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 201 South BISCAYNE BOULEVARD 34th Floor, Micmi Company, Florida 33131-4325 C/O Ferrel Schultz ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	enter
The name and the Florida street address of the registered agent are:	;
CT Corporation System Name c/o CT Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation FL 33324 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated formed on 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 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 as provided for in Chapter 608, F.S CT Corporation System COMME BRIAN Registered Agent's Signature	
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. OS VAL DO J. MAR ZORAT! RENE FELSEN	
(An additional article thust be added if an effective date is requested) Signature of a member of an authorized representative of a member.	I

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parity that the facts stated herein are true.)

OSUALDO J. HARZORATI
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)