# L020000/3365

# 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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-369

Phone : (305)634-3694 Fax Number : (305)633-9696 DE MAY 31 PM 12: 02

### LIMITED LIABILITY COMPANY

## jelyos holdings, lic

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$155,00

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SECRETARY OF STATE

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#### ARTICLES OF ORGANIZATION

#### FOR

#### JELYOS HOLDINGS, LLC

#### ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

JELYOS HOLDINGS, LLC

#### ARTICLE II. - ADDRESS

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

550 Biltmore Way, Suite 1210, Coral Gables, Florida 33134.

#### ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Maria C. Roger 550 Bilmore Way

Suite 1210

Miami, Florida 33134

Signature of authorized representative of a member

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

רווייבח

# 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: JELYOS HOLDINGS, LLC
- 2. The name and the Florida street address of the registered agent are:

#### PEDRO A. MARTIN NAME

1221 Brickell Avenue, Suite 2100

<u>Miami, Florida 33131</u>

Florida street address (P.O. BOX <u>NOT</u> ACCEPTABLE)

02 MAY 31 PM 2:

Having been named as registered agent and to accept service of process for the above stated inited classified 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 abligations of my position as registered agent.

SIGNATTIRE

P. 03/03