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Florida Department 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)634-3694 Fax Number : (305)633-9696 UZ JUN -5 ANTI : 39

LIMITED LIABILITY COMPANY

911c4 l.c.

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ARTICLES OF ORGANIZATION FOR 911c4 L.C. A Limited Liability Company

Article 1. The name of the limited liability company is 911c4 L.C.

Article 2. The limited liability company shall exist on a perpetual basis commencing on the date of the signing of these Articles.

Article 3. The mailing address and the street address of the initial principal office of the limited liability company is 1040 S.W. 4th Street, Miami, Florida.

Article 4. The name and the Florida street address of the limited liability company's initial registered agent is Charles H. Gelman, P.A., Suite 1025, 25 S.E. 2nd Avenue, Miami, Florida 33131.

Article 5. The limited liability company's management is reserved to its members; the names and the address of its managing members are as follows: Giovanni Fontenessi

1040 S.W. 4th Street Miamì, Florida

Article 6. This company may not admit additional members unlegs of each member consents in writing pursuant to Florida Statute 608.4232.

Article 7. The remaining members may continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or any other event which terminates the continued membership of a member.

DATED THIS _____ 5 th DAY OF June, 2002.

MEMBER, Gipvanni Fontenessi

FILED

STATE OF FLORIDA)
SS
COUNTY OF DADE)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared Giovanni Fontenessi, as member, to me known to be the person described in and who was identified by personally from the and who executed the foregoing instrument and he acknowledged before me that he executed the same.

SWORN TO AND SUBSCRIBED before me on this ______ day of June, 2002.

My commission expires:

NOTARY PUBLIC, STATE OF FLORIDA

Charles H. Gelman
Commission # CC 789206
Expres DEC. 20, 2002
BONDED THRU
ATLANTIC BORDING CO, MC.

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DESIGNATION OF REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT SIGNATURE

911c4 LC

1040 S.W. 4th Street, FLORIDA STREET ADDRESS

MIAMI, FLORIDA CITY, STATE AND ZIP

HAVING BEEN named as registered agent to accept service of process for the above-stated limited liability company at the place designated in the certificate, I hereby accept the appointment as initial 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 is provided for in Chapter 608, Florida Statutes.

Registered Agent, Charles H. Gelman, P.A

Suite 1025, 25 S.E. 2nd Avenue Miami, Florida 33131

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