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JUAN A. FIGUEROA, P.A.
2701 S. LE JEUNE RD., STE. 310
CORAL GABLES, FL 33134

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\$125.00

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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TALLAHASSEE, FLORIDA

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Examiner's Initials *[Signature]*



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 3, 2002

JUAN A. FIGUEROA, P.A.
2701 S. LE JEUNU RD. STE. 310
CORAL GABLES, FL 33134

SUBJECT: ALFRARY, L.L.C.
Ref. Number: W02000019343

We have received your document for ALFRARY, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6965.

Shannon Elliott
Document Specialist
New Filing Section

Letter Number: 402A00042031

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TALLAHASSEE, FLORIDA

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JUAN A. FIGUEROA, P.A., C.P.A.

CERTIFIED PUBLIC ACCOUNTANT

**CITY NATIONAL BANK BUILDING
2701 LE JEUNE ROAD, SUITE 310
CORAL GABLES, FLORIDA 33134**

**TELEPHONE (305) 448-5844
FAX (305) 567-0148
E-MAIL juan@jafcpa.com**

**MEMBER
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS
AND
FLORIDA INSTITUTE
OF CERTIFIED PUBLIC ACCOUNTANTS**

July 3, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314
Attn.: Shannon Elliott

Re.: Alfrary, L.L.C.

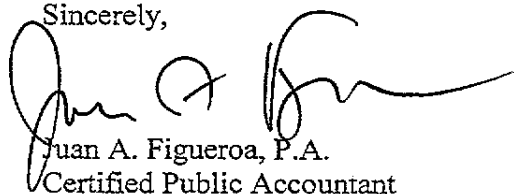
Dear Agent,

Enclosed please find corrected Articles of Organization for our above mentioned client. We had previously mailed Articles of Incorporation in error instead of Articles of Organization.

Please provide our client with their respective organization number immediately. We are not enclosing payment since we previously mailed you a check #462 for \$125.00 dated June 27, 2002, which you have in your possession.

Should you require further assistance, please feel free to contact us.

Sincerely,


Juan A. Figueroa, P.A.
Certified Public Accountant

JAF/cb
cc: file
Aracelys Estepe

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name

The name of the Limited Liability Company is **Alfrary, L.L.C.**

ARTICLE II – Place of Business

The mailing address of the Limited Liability Company is:

**290 191st Street
Sunny Isles Beach, Fl. 33160**

The principal office address of the Limited Liability Company is:

**290 191st Street
Sunny Isles Beach, FL. 33160**

This Limited Liability Company may, at its discretion, at any time, change the address of its principal place of business.

ARTICLE III – Duration

The duration of this Limited Liability Company shall be perpetual from date of filing these Articles with the Department of State, unless sooner terminated as provided in Regulations and the Operating Agreement adopted by the members.

ARTICLE IV – Purpose

The purpose of organizing this Limited Liability Company is to transact any lawful business for which a Limited Liability Company may conduct under Florida Law.

ARTICLE V – Registered Agent

The name and address of the initial registered agent of the Limited Liability Company is Aracelys Estepe, 290 191st Street, Sunny Isles Beach, Florida 33160.

ARTICLE VI – Management

The management of this Limited Liability Company shall be vested in the managers who shall serve until the first annual meeting of the members or until their successors have been duly elected and qualified as provided in the Regulations and governed by an

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Operating Agreement vested by the members of the Limited Liability Company. The name and addresses of the managers are as follows:

NAME	ADDRESS
Aracelys Estepe	290 191 st Street Sunny Isles Beach, Fl. 33160

ARTICLE VII – Admission of Additional Members

The members shall have the right to admit additional members upon such terms and conditions as set forth in the regulations and the Operating Agreement.

ARTICLE VIII – Indemnification

If the criteria set forth in Florida Statutes 608.4363, or any successor statute, have been met, then the Company shall indemnify any manager or member, or former manager or member, his or personal representatives, devisees or heirs, in the manner and to the extent contemplated by Florida Statutes 608.4363.

ARTICLE IX – Members Rights to Continue Business

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the Limited Liability Company, the remaining members shall have the right to continue business. This shall be expressed in writing and statement reflecting the new proportions of ownership filed with the Department of State within thirty (30) days of the event.

ARACELYS ESTEPE
Aracelys Estepe

7/3/02
Date

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 618-507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Alfrary, L.L.C.

2. The name and address of the registered Agent and Office is:

**Aracelys Estepe
290 191st Street
Sunny Isles Beach, Fl. 33160**

Having been named as registered agent and to accept service of process for the above stated Limited 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.

ARACELYS ESTEPE
Aracelys Estepe

7/3/02
Date

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