Florida Department of State

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633~9696 JAKISHOW OF COKPORATION

LIMITED LIABILITY COMPANY

735 llc

Approximation of the contract	
Certificate of Status	C
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 735 LLC

ARTICLEI

The name of the limited liability company shall be: 735 LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

10700 SW 116 AVE MIAMI, FLORIDA 33176

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sconer dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

GUSTAVO LOPEZ 10700 SW 116 AVE **MIAML, FLORIDA 33176**

ARTICLE V

The limited liability company is to be managed by a managing member. The managing member of the company shall be Gustavo Lopez.

The undersigned has executed these Articles of Organization on this day of September. 2002.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, 735 LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named GUSTAVO LOPEZ, whose address is 10700 SW 116th Ave., Miami, Florida 33176, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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 OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

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