

# L03000013225

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

03 APR 11 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
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**LIMITED LIABILITY COMPANY**

**ITA SARAGA, LLC**

Certificate of Status	0
Certified Copy	1
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4/14/03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 11, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: ITA SARAGA, LLC  
REF: W03000010435

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title of the document must be "Articles of Organization".

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) 245-6967.

Michelle Hodges  
Document Specialist

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TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

Articles of Organization

of

ITA SARAGA, LLC

ARTICLE I NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS

ITA SARAGA, LLC (HEREINAFTER "THE COMPANY").

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF  
THIS COMPANY IS,

19333 COLLINS AVENUE  
SUITE # 1004  
SUNNY ISLES, FLORIDA 33160

ARTICLE III DURATION

THE COMPANY'S EXISTENCE SHALL COMMENCE UPON THE FILING OF  
THESE ARTICLES OF ORGANIZATION WITH THE FLORIDA DEPARTMENT  
OF STATE AND SAID EXISTENCE WILL BE PERPETUAL.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT OF  
THE COMPANY IS:

PATRICK MOYAL  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

ARTICLE V CONTINUATION OF BUSINESS

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THE REMAINING MEMBERS OF THE COMPANY HAVE THE RIGHT TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY, OR DISSOLUTION OF A MEMBER OR THE OCCURRENCE OF ANY EVENT, WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE COMPANY. THE BUSINESS MAY BE CONTINUED ONLY ON THE AFFIRMATIVE VOTE OF A MAJORITY OF THE THEN REMAINING MEMBERS PURSUANT TO THE TERMS OF THE COMPANY'S REGULATIONS.

#### ARTICLE VI PURPOSE

THE COMPANY MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION FOR WHICH LIMITED LIABILITY COMPANIES MAY BE CREATED UNDER § 608.404, FLA. STAT., AS AMENDED AND SUPPLEMENTED.

#### ARTICLE VII ORGANIZER

THE NAME AND STREET ADDRESS OF THE PERSON SIGNING THESE ARTICLES AS ORGANIZER IS:

ITA SARAGA  
SUITE # 1004  
SUNNY ISLES, FLORIDA 33160

SECRETARY OF STATE  
AND  
TREASURER OF FLORIDA

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FILE

#### ARTICLE VIII MANAGEMENT

THE COMPANY WILL BE MANAGED BY TWO (1) MANAGER, THE NAME OF WHICH IS AS FOLLOWS:

ITA SARAGA  
SUITE # 1004  
SUNNY ISLES, FLORIDA 33160

#### ARTICLE IX MEMBERS CANNOT BIND THE COMPANY

**ARTICLE IX MEMBERS CANNOT BIND THE COMPANY**

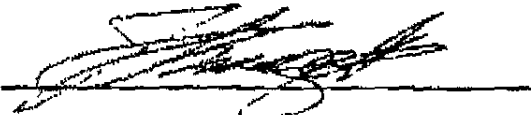
The Company is managed exclusively by the manager, and members have no authority to bind the Company.

**ARTICLE X ADMISSION OF NEW MEMBERS**

Members of the Company have right to admit new members. Additional members may be admitted only on the unanimous written of the existing members, and the existing members shall determine the amount and nature of contributions by new members at the time the new members are admitted

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

The undersigned has executed these Articles of Organization this March 29, 2003.



Authorized representative

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF FLA. STAT. § 608.415, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED  
AGENT, IN THE STATE OF FLORIDA.

THE NAME AND ADDRESS OF THE LIMITED LIABILITY COMPANY  
IS:

ITA SARAGA  
SUITE # 1004  
SUNNY ISLES, FLORIDA 33160

1. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND  
OFFICE IS:

PATRICK MOYAL  
208 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FLORIDA 33024  
(954) 430-3930

SECRETARY OF STATE  
ALLIANCE FLORIDA

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE  
ABOVE-NAMED LIMITED LIABILITY 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

DATED: APRIL 10, 2003

  
PATRICK MOYAL  
REGISTERED AGENT