

L03 0060 20753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

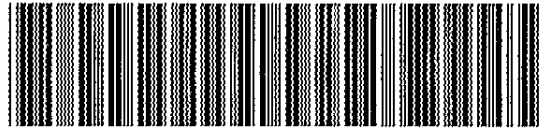
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300019150703

FILED

L03-20753
QR

RECEIVED
03 JUN -9 PM 3:34
DEPT. OF REVENUE
DIVISION OF CORPORATE & ESTATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 123996 4332380

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 155.00

ORDER DATE : June 9, 2003

ORDER TIME : 2:41 PM

ORDER NO. : 123996-005

CUSTOMER NO: 4332380

CUSTOMER: Mr. Michael R. Storace
Michael R. Storace, P.a.

Suite 1607
9100 South Dadeland Blvd.
Miami, FL 33156

DOMESTIC FILING

NAME: ARISTEIA, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

FILED
JUN 11 2003
MIAMI FL
CORPORATION SERVICE COMPANY

FROM : MICHAEL R STORACE

PHONE NO. : 305 665 2334

Jun. 09 2003 12:32PM P2

ARTICLES OF ORGANIZATION
OF
ARISTEIA, LLC

PREAMBLE

The undersigned hereby adopts these Articles of Organization effective upon the date of filing with the Secretary of State of the State of Florida.

ARTICLE I

NAME

The name of this Limited Liability Company is:

ARISTEIA, LLC

ARTICLE II

ADDRESS OF OFFICE AND AGENT

2.1 Place of Business. The initial business and mailing address of the Company is: 5740 S. W. 119 Street, Coral Gables, Florida 33156, or such other place or places as the Member may designate from time to time.

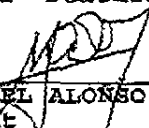
2.2 Registered Agent. The initial Registered Agent of the Company is: C/O MIGUEL ALONSO DIB DAUD, whose address is 5740 S. W. 119 Street, Coral Gables, Florida 33156.

ARTICLE III

MANAGEMENT

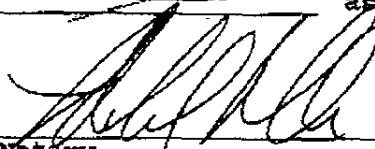
The Company shall be Manager - Managed.

IN WITNESS WHEREOF the undersigned, as Member hereby duly execute this Articles of Organization this 9th day of June, 2003, and asserts that said Articles are being filed with the Secretary of State of Florida in accordance with Florida Statutes Sections 608.407 and 608.4081.


MIGUEL ALONSO DIB DAUD, as Authorized Agent

STATE OF FLORIDA
COUNTY OF MIAMI-DADE }

The foregoing instrument was acknowledged before me this 9th day of June, 2003, by MIGUEL ALONSO DIB DAUD, who is personally known to me or has produced as identification and who did not take an oath.


Notary

Printed Name: MICHAEL R. STORACE
My Commission Expires: 06/12/2003

516GBYr03

MICHAEL R. STORACE
Notary Public, State of Florida
My Comm. exp. June 12, 2003
Comm. No. CC845177

FROM : MICHAEL R STORACE

PHONE NO. : 305 665 2334


Jun. 09 2003 12:33PM F3

ARISTEIA, LLC

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

The undersigned having been named Registered Agent to accept service of process for the above stated **ARISTEIA, LLC**, at the place designated in this Certificate, the undersigned **MIGUEL ALONSO DIB DAUD**, as Authorized Agent, whose address is 5740 S. W. 119 Street, Coral Gables, Florida 33156, does hereby accept to act in that capacity, and agrees to comply with the provisions of Florida Statutes relative thereto.

DATED: June 9th, 2003.



MIGUEL ALONSO DIB DAUD, as Authorized Agent

517GByr03

FILED
JUN 10 2003
CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA