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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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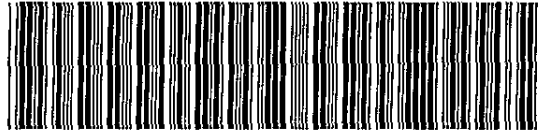
(Business Entity Name)

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CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN 24 2003

MARIA C. ARRIOLA VÉLEZ, P.A.

MARIA C. ARRIOLA VÉLEZ
ATTORNEY AT LAW

35 ALMERIA AVENUE
CORAL GABLES, FL 33134

TELEPHONE: (305) 461-9223
TELECOPIER: (305) 461-9498
E-MAIL: MARIVI235@AOL.COM

June 12, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: FVOB, LLC

Dear Sir/Madam:

Enclosed is my check in the sum of \$160 to cover the cost of filing fee, designation of registered agent, certified copy, and certificate of status.

Please return the above to me at 35 Almeria Avenue, Coral Gables, FL 33134.

Very truly yours,



Maria C. Arriola Vélez

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

/encls

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FVOB, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

13663 Deering Bay Drive, Coral Gables, FL 33158

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Maria C. Arriola Velez

Name

35 Almeria avenue

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

FL 33134

City, State, and Zip

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 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 as provided for in Chapter 608, F.S.

Maria C. Arriola Velez

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Mayra Fernanda Vargas

Authorized representative of a member.

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

Mayra Fernanda Vargas

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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WALLAHASSEE, FLORIDA