

LD300 00 23822

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and it number (shown below) on the top and bottom of all pages of the document.

((H03000223018 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 JUN 30 PM 3:22
RECEIVED
DIVISION OF STATE
CORPORATIONS, FLORIDA

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY

CELLULAND, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
03 JUN 30 PM 2:38
DIVISION OF CORPORATION

JB
6-30-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CelluLand, LLC.

ARTICLE II - Address:

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

Principal Office Address:

8973 TAFT ST

PEMBROKE PINES, FL 33024

Mailing Address:

8973 TAFT ST

PEMBROKE PINES, FL 33024

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

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

RICARDO P. SALAS

Name

19185 SW 25 CT

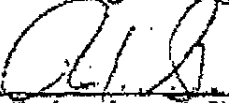
Florida street address (P.O. Box NOT acceptable)

MIRAMAR

FL 33029

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.

x 
Registered Agent's Signature

(CONTINUED)

03 JUN 30 PM 3:22
RECEIVED
CLERK OF COURT
STATE OF FLORIDA

APPROVED
AND
FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

RICARDO P. SALAS

19185 SW 25 CT

MIRAMAR, FL 33029

(Use attachment if necessary).

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x 

Signature of a member or an 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.)

Ricardo P. Salas

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUN 30 PM 3:22

ACCEPTED
AND
FILED