

L03000029425

(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



200021831332

08/04/03--01045--012 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -4 PM 4:01

L03000029425

4
P

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IVETA, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL ARTY

(Name of Person)

ARTY, COHN, FEUER & MAYA LC

(Firm/Company)

1150 N W 72ND AVENUE, SUITE 760

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL ARTY

(Name of Person)

at (305) 592-9954

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -4 PM 4:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: IVETA, LLC

ARTICLE II - Address:

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

Principal Office Address:

2134 NW MIAMI CT.
MIAMI, FL 33132

Mailing Address:

C/O ARTY. COHN. FEUER. & MAYA
1150 NW 72 AVE. STE 760
MIAMI, FL 33126

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

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

MR. PAUL GRECO

Name


2134 NW MIAMI CT.

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

MIAMI FL 33132

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.



Registered Agent's Signature

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG -4 PM 4:02

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. _____

MR. PAUL GRECO

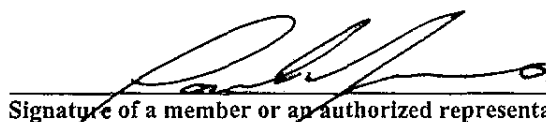
2134 NW MIAMI CT.

MIAMI, FL 33137

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

PAUL GRECO

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG -4 PM 4:02