

Nov 25 03 04:21p

Janet Avila

375-444-4977

P. 1

Division of Corporations

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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Phone : (305) 444-4994
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LIMITED LIABILITY COMPANY
SOUTH FLORIDA DESIGNERS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: **SOUTH FLORIDA DESIGNERS, LLC.**

ARTICLE II – Address:

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

9357 FOUNTAINEBLEAU BLVD # D-110 MIAMI, FL 33172

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

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

RODOLFO DE ARMAS

Name

9357 FOUNTAINEBLEAU BLVD #D-110

Florida street address (P.O. Box NOT acceptable)
MIAMI, FLORIDA 33172

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

RODOLFO DE ARMAS

Typed or printed name of signee

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

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

Title:**Name and Address:**MANAGER
_____RODOLFO DE ARMAS
_____9357 FONTAINEBLEAU BLVD #D-110 MIAMI,
FLORIDA 33172

_____MANAGER
_____WALTER VARGAS
_____9357 FONTAINEBLEAU BLVD #D-110 MIAMI,
FLORIDA 33172

_____MANAGER
_____9357 FONTAINEBLEAU BLVD #D-110 MIAMI,
_____FLORIDA 33172

_____MANAGER
_____LUIS FERNANDEZ
_____9357 FONTAINEBLEAU BLVD #D-110 MIAMI,
_____MIAMI, FLORIDA 33172

_____SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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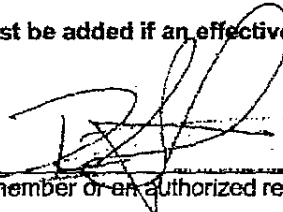
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(Use attachment if necessary)

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.)

RODOLFO DE ARMAS

Typed or printed name of signee

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