L030000 50768

(Requestor's Name)	
(Address)	500025017
(City/State/Zip/Phone #)	12/05/0301001-
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	1 BK

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W03000036629



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

rofistreet International UC Art of Inc. File_____ LTD Partnership File_____ Føreign Corp. File_____ L.C. File Fictitious Name File_____ Trade/Service Mark_____ Merger File_____ Art. of Amend. File_____ RA Resignation____ Dissolution / Withdrawal_____ Annual Report / Reinstatement_____ Cert. Copy___ Photo Copy___ Certificate of Good Standing_____ Certificate of Status_____ Certificate of Fictitious Name Corp Record Search_____ Officer Search Fictitious Search_____ Fictitious Owner Search____ Signature Vehicle Search_____ Driving Record_____ Requested by UCC 1 or 3 File___ UCC 11 Search_____ Name Time Date UCC 11 Retrieval_____ Will Pick Up Walk-In

李孙明的《周书》《李林明》《李林明》《李林明》《李林明》

Courier



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 4, 2003

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: PROFISTREET INTERNATIONAL LLC

Ref. Number: W03000036629

RECEIVED
REC-8 MID 02

We have received your document for PROFISTREET INTERNATIONAL LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The MANAGING MEMBER is listed as PROFISTREET, LLC. correct??????

Is this

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 503A00065384



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
PROFISTREET INTERNATIONAL	LLC
ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Sunny Isles Beach, FL 33160	16850-112 COILING AUR. #35
Sunny Isles Beach,	Sunny Isles Beach
FL 33160	FL 33,160
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered	d agent are:
Capital Connect!	ton Inc
Name	
Florida street address (P.O. Box NO	+ Suite 1 Em =
	acceptable)
Tallahasee FL. City, State, and Zip	32 30 j
City, State, and Zip	<u> </u>
Having been named as registered agent and to accept ser liability company at the place designated in this certifical registered agent and agree to act in this capacity. I furth statutes relating to the proper and complete performance	te, I hereby accept the appointment as error agree to comply with the provisions of all

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
Marm	Profistneet LLC 16850-112 Collins Ave, #340 Sunny Isles Beach FL 35160
	
(Use attachment if necessary)	

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 penjury that the facts stated herein are true.)

SERCUET TOKERNYKH
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)
- S 5.00 Certificate of Status (Optional)