

**L04000005073**

Florida Department of State  
Division of Corporations  
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(((H04000013503 3)))

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To: Division of Corporations  
Fax Number : (850) 205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

04 JAN 20 PM 4:00  
RECEIVED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

04 JAN 20 PM 3:13  
RECEIVED  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**OBELIX DEVELOPMENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

*JB*  
*1-20-04*

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OBELIX DEVELOPMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

150 S.E. 2nd AVENUE

150 S.E. 2nd AVENUE

SUITE 807

SUITE 807

MIAMI, FLORIDA 33131

MIAMI, FLORIDA 33131

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

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

MARTIN LABURU

Name

150 S.E. 2nd AVENUE SUITE 807

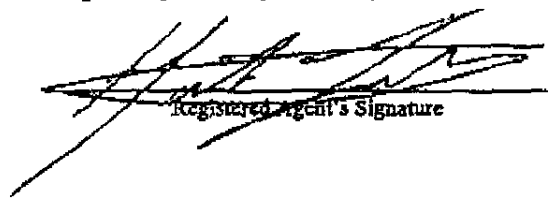
Florida street address (P.O. Box NOT acceptable)

MIAM

FLORIDA 33131

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, Florida Statutes..

  
\_\_\_\_\_  
Registered agent's Signature

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**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:**

MGRM

MARTIN LABURU

150 S.E. 2nd AVENUE SUITE 807

MIAMI, FLORIDA 33131

MGRM

ELIU DRESZER

150 S.E. 2nd AVENUE SUITE 807

MIAMI, FLORIDA 33131

MGRM

MAURICIO CARRIZOSA

150 S.E. 2nd AVENUE SUITE 807

MIAMI, FLORIDA 33131

(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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARTIN LABURU

Typed or printed name of signer

**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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04 JAN 20 PM 14:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAAND  
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