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Florida Department of State  
Division of Corporations  
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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

**LIMITED LIABILITY COMPANY**

heinert insurance, llc.

Certificate of Status	0
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DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION**

**OF**

**HEINERT INSURANCE, LLC, a Florida Limited Liability Company**

The undersigned two or more persons hereby form a limited liability company and adopt as the Articles of Organization of such limited liability company the following:

**I. THE NAME OF THE LIMITED LIABILITY COMPANY:**

Heinert Insurance, LLC, a Florida Limited Liability Company

**II. THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:**

2655 Lejeune Road, Coral Gables, Florida 33134

**III. THE PERIOD OF ITS DURATION:**

This Limited Liability Company shall exist for a period of Ninety Nine Years from the date of filing these Articles of Organization with the Florida Department of State, Division of Corporations, unless sooner dissolved as provided by statute.

**IV. THE NAME AND ADDRESS OF THE REGISTERED AGENT IN FLORIDA:**

Roberto Heinert  
5700 SW 85<sup>th</sup> Street  
Miami, Florida 33143

**V. MANAGEMENT:**

The Limited Liability Company is to be managed by the Board of Managers and their titles are:

1. Gaston Menendez Romero, General Manager
2. Roberto Heinert, Manager

**VI. MEMBERS:**

The Limited Liability Company shall consist of the following Members, who shall own an undivided interest in the Company as follows:

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1. Gaston Menendez - 50%
2. Roberto Heinert - 50 %

VI. THE RIGHT, IF GIVEN, OF THE MEMBERS TO ADMIT ADDITIONAL MEMBERS, AND THE TERMS AND CONDITIONS OF THE ADMISSION.

Additional members may be admitted only at such times and on such terms and conditions as Members may unanimously agree.

VII. THE RIGHT, IF GIVEN, OF THE REMAINING MEMBERS OF THE LIMITED LIABILITY COMPANY TO CONTINUE THE BUSINESS ON THE DEATH, RETIREMENT, RESIGNATION, EXPULSION, BANKRUPTCY OR DISSOLUTION OF A MEMBER OR OCCURRENCE OF ANY OTHER EVENT WHICH TERMINATES THE CONTINUED MEMBERSHIP OF A MEMBER IN THE LIMITED LIABILITY COMPANY:

The remaining members of the Company may continue the business upon the termination of membership of a Member in the Company upon unanimous agreement.

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TALLAHASSEE


IN WITNESS WHEREOF, THE PARTIES HERETO HAVE EXECUTED THESE ARTICLES OF ORGANIZATION.

  
\_\_\_\_\_  
ROBERTO HEINERT

STATE OF FLORIDA       )  
                                  )ss  
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Roberto Heinert, who to me known to be the persons who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this 28 day of January, 2004.

  
\_\_\_\_\_  
NOTARY PUBLIC - State of Florida  
WANDA HERNANDEZ  
Notary Public - State of Florida  
My Commission Expires Sep 22, 2007  
Commission # DD282636  
Bonded By National Notary Assn.

Commission Expires: 9/22/07

Personally known ✓ OR. Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

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CLERK OF DISTRICT COURT  
MIAMI-DADE COUNTY, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the Limited Liability Company is HEINERT INSURANCE, LLC, a Florida Limited Liability Company.
2. The name and address of the registered agent and office is:

Roberto Heinert  
2655 Lejeune Road  
Coral Gables, Florida 33134

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.

  
\_\_\_\_\_  
ROBERTO HEINERT

Date: 1/28/04

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STATE OF FLORIDA )  
 )SS  
COUNTY OF DADE )

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Sworn to and subscribed before me this 28 day of January, 2004, by Roberto Heinert which the above named individual ✓ is personally known to me or        has produced        as identification.

Wanda Hernandez  
NOTARY PUBLIC - State of Florida

Commission Expires: 9/22/07



Personally known ✓ OR Produced Identification       

Type of Identification Produced       

Prepared By: Carlos Garcia, Esquire  
Florida Bar I.D. #0462100  
4100 SW 57<sup>th</sup> Avenue  
South Miami, Florida 33155

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