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(Requestor's Na	me)
(Address)	
(Address)	
(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	cates of Status
Special Instructions to Filing Officers	:
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Office Use	e Only ()



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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OUTSIDE THE BOX INVESTORS LAND (Name of Limited Liability Company)	<u>L</u> C
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	OU FEB
SONYA SANCHEZ - ARIAS (Name of Person)	ARY GARAGEE, F
OUTSIDE THE BOX INVESTORS (Firm/Company) 1121 S. MILITARY TRAIL	2: 49 100 100 100 100 100 100 100 100 100 10
/ (Address)	12-7645

For further information concerning this matter, please call:

Sow 4A SANCHET= ARIAS at (305) 987-6411
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: OUTSIDE THE BOX WUESTORS ARTICLE II - Address:

Principal Office Address:

Mailing Address:

3842 PERRIERROOK COURT 1121 S. MILITARY TRAIL
COCONUT REEK DEERFIELD BEACH
FL 33073 FL 33447-7645.

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

SONYA SANCHEZ-ARIAS

3842 PEBBLEBROOK COURT

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

COCONUT CREEK FLORIDA 33073
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

Page 1 of 2 (CONTINUED)

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	FERNANDO ARIASTI S 3842 PEBRIEBROOK TONIOT
MGR.	SONYA SANCHEZ THINGS BRH2 PERBLEBRON SOUZT TO COCONUT CREEK TO BSOTS
	DF 49
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	1 days
Signature of a member or an au	ithorized representative of a member

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

FERNANDO ARIAS
Typed or printed name of signee

that the facts stated herein are true.)