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

hammer point, lic

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

Electronic Filing Menu

Corporate Filing

Public Access Help

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| HAMMER POINT | , LLC |
|---|---|
| ARTICLE II - Address: The mailing address and street address of the principle. | ipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5951 N.W. 151 St., Suite 103 | 5951 N.W. 151 St., Suite 103 |
| Miami Lakes, FL 33014 | Miami Lakes, FL 33014 |
| ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis | Fire, & Registered Agent's Signature: 25 26 Street agent are: |
| Pečro M. To | rres |
| Name | |
| 5951 N.W. 151 S Plorida street address (P.O. Bo | |
| Miami Lakes City, State, and Z | PLORIDA 33014 |

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 gerprovided for in Chapter 608, Florida Statutes...

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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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:

| <u>Title:</u> "MGR" = Manager | Name and Address: | | | |
|---------------------------------|---|-------------|----------|---|
| "MGRM" = Managing Member | | | | |
| MGR | Pedro M. Torres | | | |
| | 5951 N.W. 151 St., Suite 103 Miami Lakes, FL 33014 | | | |
| MGR | Herlina Torres 5951 N.W. 151 St., Suite 103 | | | |
| | Miami Lakes, FL 33014 | ≱ cc | Ē | |
| MGRM | JAV Investments, LLC 5951 N.W. 151 St., Suite 103 | H. | OI, FEB | |
| | Mismi Takon WT 23014 | TT | জ | |
| | | | <u> </u> | Ö |
| | | | 2: 2£ | |
| (Use attachment if necessary) | | | | |
| | | | | |
| NOTE: An additional article mus | t 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.)

Pedro M. Torres Typed or printed name of signee

Filing Ferry: \$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

S 30.06 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

Page 2 of 2