

LO4000029700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

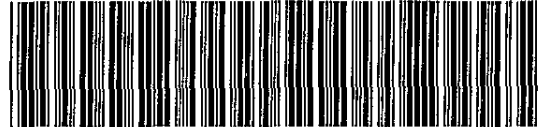
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/12/04--01026--009 \*\*155.00

FILED  
APR 12 11:24 AM  
TALLAHASSEE, FLORIDA

LO4-29700  
OK

LAW OFFICES OF  
RONALD L. DAVIS, P.A.

SUITE 407  
SKYLAKE STATE BANK BUILDING  
1850 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FLORIDA 33179

TELEPHONE (305) 940-2352  
TELEX 8080-01

April 8th, 2004.

Corporate Records Bureau  
Division of Corporations  
Dept. of State  
P.O. Box#6327  
Tallahassee, Fl. 32301

RE: EL SHADDAI LLC

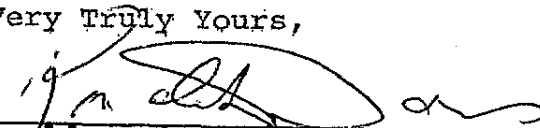
Dear Sir,

Please find enclosed the original and one copy of the Articles of Incorporation for the above newly formed Florida Corporation to be filed in your office.

I am also enclosing my Trust Account Check in the sum of \$155.00 to cover the cost of filing and request the return of a certified copy of the filing with your office.

Thanking you for your usual cooperation, I remain,

Very Truly Yours,

  
\_\_\_\_\_  
Ronald L. Davis, P.A.

RLD/wb  
enc.

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

04 APR 12 PM 12:45

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EL SHADDAI LLC

**ARTICLE II - Address:**

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

585 N.W. 101ST STREET, MIAMI SHORES, FLORIDA 33150

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

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

RONALD L. DAVIS, ESQ.

Name

SUITE 200, KISLAK NATIONAL BANK BLDG.  
1550 NE MIAMI GARDENS DRIVE

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

NORTH MIAMI BEACH FL 33179

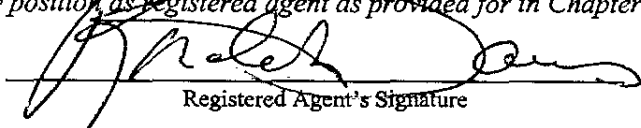
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 APR 12 PM 12:45

FILED

*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, F.S.*

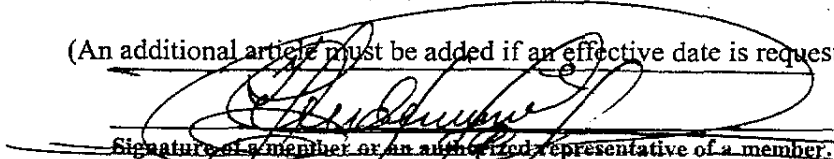


Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

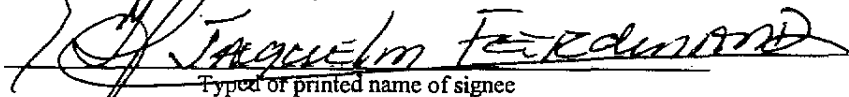
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



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.)



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)
- \$ 5.00 Certificate of Status (Optional)