Division of Caporations 400000 33708

I of I

Florida Department of State

Division of Corporations Public Access System

FILED

Electronic Filing Cover Sheet

2004 MAY -3 A 9: 42 SECRETARY OF STATE

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000092160 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

api pride, llc

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

AL!

Electronic Filing Menu.

Public Access Help.



HOUDOODANIEDO

ARTICLES OF ORGANIZATION FOR

2004 HAY -3 A 9:42

FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:			
API Pride, LC			
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1584 Pines Boulevard	15841 Pines Bayered		
*242	#242		
Pembroke Pines, FL 33027	Pembroke Pines, FL 33027		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
<u>Stephanie Cabanas</u>			
Florida street address (P.O. Bax M			
Pembroke Pines Florida 33027 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 Mana The name and address of each Manage		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Title: "MGR" - Manager "MGRM" - Managing Member	Name and Address:	
<u>MGR</u>	American Pinnacle, l. 1584 Pines Boulevand; Pembroke Ancs, FL	
, MARCON CO.		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requeste	d.
REQUIRED SIGNATURE:	57	
Signature of a member of	perhorized representative of a member.	
	DE 408(3), Florida Statutes, the execution of periory	
15ergio C	alanas printed name of signee	
Typed Or	ncintos name of lience	

Filing Fees:
\$100.00 Filing Foe for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)