

L040000037841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

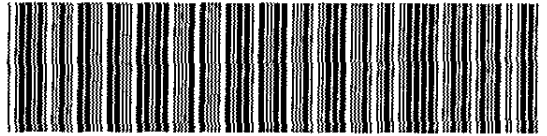
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/04 -01011--028 **155.00

APPROVED
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04 MAY 19 PM 12:15 RECEIVED

REGISTRATION DIVISION
TALLAHASSEE FLORIDA MAY 19 PM 11:11

REGISTRATION DIVISION
TALLAHASSEE FLORIDA

Handwritten initials and date: 5/19/04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. MARQUEZ HOLDINGS, L.L.C.
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy.
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APPLICANT
 AND
 FILED
 04 MAY 19 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Examiner's Initials	
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
MARQUEZ HOLDINGS, L.L.C.**

ARTICLE I - Name

The name of the Limited Liability Company is:

MARQUEZ HOLDINGS, L.L.C.

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8360 WEST FLAGLER STREET, SUITE #200, MIAMI, FL 33144.**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: **PERPETUAL**

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the name and address of the managing members are:

BENIGNO MARQUEZ 8360 W. FLAGLER ST., #200, MIAMI, FL 33144
MARITZA MARQUEZ 8360 W. FLAGLER ST., #200, MIAMI, FL 33144

The undersigned member or authorized representative of a member of **MARQUEZ HOLDINGS, L.L.C.**, disposes and says:

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$ 1,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

By: *Benigno Marquez*
BENIGNO MARQUEZ

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SECRETARY OF STATE
TALLAHASSEE, 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:

MARQUEZ HOLDINGS, L.L.C.

2. The name and address of the registered agent and office is:

**BENIGNO MARQUEZ
8360 WEST FLAGLER ST., #200, MIAMI, FLORIDA 33144**

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.

Benigno Marquez
BENIGNO MARQUEZ

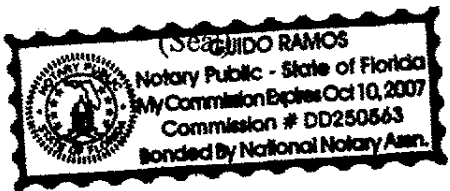
5-17-04
date:

STATE OF FLORIDA }
 } ss
COUNTY OF }

I HEREBY CERTIFY that on this day, before me, an officer duly authorized the State and County aforesaid to take acknowledgments, personally appeared **BENIGNO MARQUEZ**, of **MARQUEZ HOLDINGS, L.L.C.**, who is personally known to me or who did furnish identification, and who acknowledged executing the foregoing Designation and Acceptance as Registered Agent, freely and voluntarily for the purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this 17th day of May, 2004.

Guido Ramos
NOTARY PUBLIC
Guido Ramos
Printed Name of Notary



SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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