# Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Phone Fax Number

: (305)633-9696

#### LIMITED LIABILITY COMPANY

aria, llc

Certificate of Status	0
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EMPIRE

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#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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2004 MAY 24 A 9: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 20, 2004

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SUBJECT: ARIA, LLC REF: W04000019293

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist FAX Aud. #: H04000107565 Letter Number: 104A00035224

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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## ARTICLES OF ORGANIZATION

2004 MAY 24 A 9:43

FOR SECRETARY OF STATE FLORIDALIMITED LIABILITY COMPANY! AMASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:	
111111111111111111111111111111111111111	
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1717 N. Boushore Dr. # 3550	1717 N. Bayshore Dr. # 3550
Miami, Fl 33131	Miami, A 33131
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis	fored agent are:
Name	
1717 N. Bayshore	
Florida stroot address (P.O. Bo	x <u>M)T</u> acceptable)

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..

City, State, and Zip

Mami

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ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(5): or Managing Member is a	2004 MAY 24 A 9: 43  SECRETARY OF STATE		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE, FLORIDA		
mgRM_	Mayon Sano 1717 N. Baysho Moni, Fl. 32	ni re Dr. #3550		
MERM	Mojogn Son 1717 Al. Bays Momi, Fl. 3	0010 3131 3131		
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:	ent_			
(In accordance with section 608. of this document constitutes so a that the facts stated herein are true.    Market   Sales   Typed or print   Typed or print	408(3), Florida Statutes, the ext ffurnation under the consisting of	eadion ,		

Filing Foot:

3100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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