10400039474

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consistent and Filler Con				
Special instructions to Filing Officer:				

Office Use Only



100035758411

05/25/04--01038--016 **155.00

04 MAY 25 AN ID: 25 DIVISION OF COLUMNIATION

FILED
2004 HAY 25 AM 11: 58
2004 HAY 25 AM 11: 58
2004 HAY 25 AM 11: 58

J. BRYAN MAY 2 5 2004

Charter Number Only

Requestor's Nems Address City Size	5/34/200 /00HEN/	VALIDATION ONLY	ALIANAS SERVINGATIONS
CORPOR	ATION(S) NAME		
	· · · · · · · · · · · · · · · · · · ·		
) Profit) NonProfit	() Amendment	() Merger	Toll Free:
) Foreign	() Dissolution	() Mark	
) Limited Partnership) Reinstatement	() Annual Report () Reservation	X) Other	of Registered Agent
() Certified Copy	() Photo Copies	() Certifica	te Under Seal
) Call When Ready Walk in (() Call if Problem) Will Walt	() After 4: X) Pick Up	of Registered Agent Ste Under Seal 30) Mali Out
ome (allebility			

The second second Examiner Updater Verifier Acknowledgment W.P. Verifier

CERTIFIED COPY

ARTICLES OF ORGANIZATION OF SARIKA, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be SARIKA, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be 2241 NE 192nd Street, Aventura, Florida 33160.

ARTICLE III - DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Sima Ran 2241 NE 192nd Street Aventura, Florida 33160

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 his or her duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Sima Ran, Registered Agent

ARTICLE IV - MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and address of the members of the company are

NAME

ADDRESS

Zvi Agajan

2241 NE 192rd Street Aventura, FL 33180

Arie Agajan

2241 NE 192nd Street Aventura, FL 33180

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.

Signed on this γ day of γ , 2004.

Sima Ran, Authorized Representative of the Members

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this day of May, 2004, by Sima Ran.

JEFFREY ROY COHEN
MY COMMISSION # DD 019060
EXPIRES: May 22, 2005
1-800-3 NOTARY Ft. Notery Service & Bonding, Inc.

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ____. OR, Produced Identification _____ Type of Identification Produced _

Notary Public -- State of Florida