

L04000042064

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H04000118670 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)205-0363

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY
MALIGLO LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
04 JUN -3 8:10:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED

RECEIVED
04 JUN -3 PM 3:39
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Glenda H. Hood
Secretary of State

June 3, 2004

FAS-T CORP AGENTS INC

SUBJECT: MALIGLO LLC
REF: W04000021334

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:

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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) 245-6025.

Trevor Brumbley
Document Specialist

FAX Aud. #: H04000117921
Letter Number: 004A00038039

04 JUN -3 AM 10:15
SECRETARY OF STATE
FALL WASSER, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MALIGEO LLC

ARTICLE II - Address:

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

4349 S.W. 147 CT MIAMI, FL 33185

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

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

JOSE RAMON IGLESIAS

Name

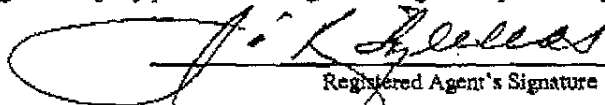
4349 S.W. 147 CT

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

MIAMI, FL 33185

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, F.S.



Registered Agent's Signature

MEM/MAN

MEMBER/MANAGER:

**JOSE RAMON IGLESIAS
4349 S.W. 147 CT
MIAMI, FL 33185**

04 JUN - 8 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.)

MARIA E. GOMEZ MEM / MAN
Typed or printed name of signee

FILED
04 JUN -3 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA