

L04000046822

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.

((H04000130998 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

RECEIVED
04 JUN 22 PM 1:54
DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FL
2004 JUN 22 A 9:33

FILED

LIMITED LIABILITY COMPANY

miami soda blasters, llc

| | |
|----------|-----|
| Document | DCC |
| Updater | DCC |
| Updater | DCC |
| Document | DCC |

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

③

H04000130998

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI SODA BLASTERS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1717 N. Bayshore Dr.
Unit 3555
Miami FL 33132


SAME
SECRETARY OF STATE
TALLAHASSEE
2001 JUN 22 A 9:33
FILED

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

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

ST. 216
Karl J. Schumaker, Esq.
Name
18305 Biscayne Blvd.
Florida street address (P.O. Box NOT acceptable)
Aventura FLORIDA 33160
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

H04000130998

TOTAL P.03
TOTAL P.03

1104000130998

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

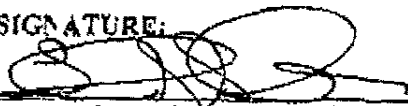
| <u>Title:</u> | <u>Name and Address:</u> |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member <u>MGRM</u> | <u>VICTOR H. OLSEN</u> <u>SAME AS CORPORATE ADDRESS</u> |
| <u>MGRM</u> | <u>Joyce A. OLSEN</u> <u>SAME AS CORPORATE ADDRESS</u> |
| _____ | _____ |
| _____ | _____ |

(Use attachment if necessary)

2004 JUN 22 A 9:33
SECRETARY OF STATE
TALLAHASSEE FL
FILED

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


 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.)
KARL J. SCHUMERT
 Typed or printed name of signee

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 30.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

1104000130998