

LB4 0000 47479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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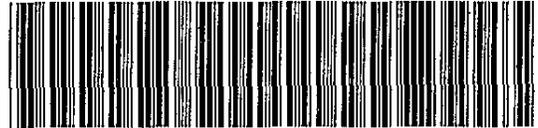
(Business Entity Name)

(Document Number)

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JUN 23 2004  
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LB4-47479  
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**SUBJECT:** Raza North America, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adolfo Pacheco  
(Name of Person)  
  
4437 Tulip Court  
(Address)  
  
Lake Worth, FL 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adolfo Pacheco at (561) 254-5798  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN 23 PM 1:16

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

\_\_\_\_\_ Raza North America, 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:**

4437 Tulip Court, Lake Worth, FL 33461

4437 Tulip Court, Lake Worth, FL 33461

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

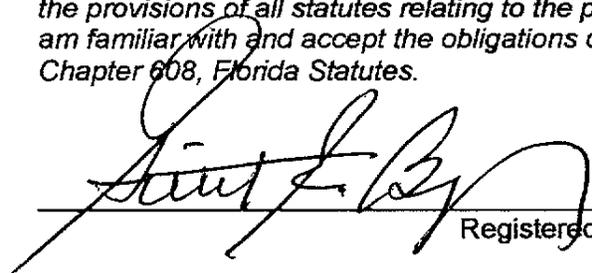
\_\_\_\_\_ Gil Bryan \_\_\_\_\_

\_\_\_\_\_ 4437 Tulip Court \_\_\_\_\_

\_\_\_\_\_ Lake Worth, FL 33461 \_\_\_\_\_

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ON 09/29/09 PM 1:16  
TAMPA, FLORIDA  
STATE

*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 \_\_\_\_\_

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

MGRM

Adolfo Pacheco  
5015 Nautica Lake Circle  
Greenacres, FL 33463

MGRM

Rachel Pacheco  
5015 Nautica Lake Circle  
Greenacres, FL 33463

MGRM

Gil Bryan  
4437 Tulip Court  
Lake Worth, FL 33461

MGRM

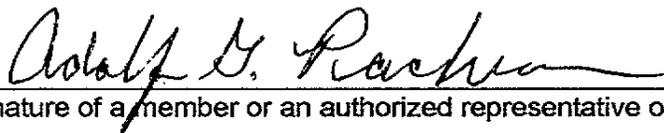
Frances Bryan  
4437 Tulip Court  
Lake Worth, FL 33461

MGRM

Fernando Garza  
6724 Red Reef Street  
Lake Worth, FL 33467

MGRM

Julissa Garza  
6724 Red Reef Street  
Lake Worth, FL 33467



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.)*

Adolfo Pacheco

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JUL 23 PM 1:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA