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Division of Corporations

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TALLAHASSEE, FLORIDA

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04 JUL 30 PM 12: 28

DIVISION OF CORPORATIONS

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

AL

LIMITED LIABILITY COMPANY

larb holdings llc

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

(3)

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

LARB Holdings 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:

4937 S.W. 75 Ave.

4937 S.W. 75 Ave.

Building B Unit 21

Building B Unit 21

Miami, Florida 33155

Miami, Florida 33155

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

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

Maria Fernandez-Valle

Name

10570 N.W. 27th Street, Unit 103

Florida street address

Miami, Florida 33172

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 606, Florida Statutes.


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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(CONTINUED)

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

Luis Alonso
4937 S.W. 75 Ave.
Building B Unit 21
Miami, Florida 33173

(Use attachment if necessary)

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.)

Maria Fernandez-Valle

Typed or printed name of signer

Filing Fees:

\$100.00 Filing fee for Article of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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