

Electronic Filing Cover Sheet

2004 AUG 26 A 10: 54

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RECEIVED 14 AUG 26 PM 3: 08 VIS:0N OF CORPORATION

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Number: 072450003255 (305)634-3694

Fax Number

: (305) 633-9696

LIMITED LIABILITY COMPANY

haven t.h.e., I.Lc.

Certificate of Status	:	0
Certified Copy	•	0
Page Count		03
Estimated Charge		\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - Name:	TALLAHASSEE, FLI
The name of the Limited Liability Company is:	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16015 N.E. 18 The.	<u>same</u>
No. Miami Bch. FL 33162	
, , , , , , , , , , , , , , , , , , ,	
ARTICLE III - Registered Agent, Registered Offic The name and the Florida street address of the register	
Victor K. Rones	>
10105 NE 1811 AVIIII Florida street address (P.O. Box 1	
NO - miami , Floridae Elty, State, and Zip	LORIDA 3310Z

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

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2004 AUG 26 A 10: 54 ARTICLE IV- Manager(s) or Managing Member(s): SECRETARY OF STATE TALLAHASSEE, FLORIDA The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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 HAV IN ECONOMIA DOVE borned lav. that the facts stated herein are true.) Typed or printed hame 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)

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