L04000085343

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
(
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	٦
Openial management in ming officer.	
	l
	١

Office Use Only



900042735549

11/19/04-01033-006 **125.00 _

SECRESHAL OF STATE

* NCV 19 PM 1:4

W J 55343

TRANSMITTAL LETTER

November 17, 2004

To: Registration Section

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Subject: Spacific Perceptions, LLC

The enclosed Articles of Organization of Spacific Perceptions, LLC and check for \$125.00 made payable to the Florida Department of State are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristi K. Earles Spacific Perceptions, LLC 1402 Brickell Bay Drive Suite #1103 Miami, Florida 33131

For further information concerning this matter, please call:

Kristi Earles at (305) 577-8569.

SECHETARY OF STATE

I KIN OF VON T

ARTICLES OF ORGANIZATION OF SPACIFIC PERCEPTIONS, LLC

The undersigned, for the purpose of forming a limited liability company under the provisions of Chapter 608 of the Florida Statutes, hereby certifies that:

ARTICLE I NAME

The name of the limited liability company is:

Spacific Perceptions, LLC

ARTICLE II MAILING AND STREET ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

1402 Brickell Bay Drive Suite #1103 Miami, Florida 33131

ARTICLE III NAME AND ADDRESS OF REGISTERED AGENT

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

Kristi K. Earles 1402 Brickell Bay Drive Suite #1103 Miami, Florida 33131

Having been named as registered agent and to accept service of process for the above stated limited Tability—company at the place designated in this certificate, I hereby accept the appointment as registered agent and company at the place designated in this certificate, I hereby accept the appointment as registered agent 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

Kristi K. Earles Registered Agent

W NOV 19 PM 1:1

IN WITNESS WHEREOF, these Articles of Organization have been executed this 17th day of November, 2004.

Name: Kristi K. Earles

Title: Member