

L04000093036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

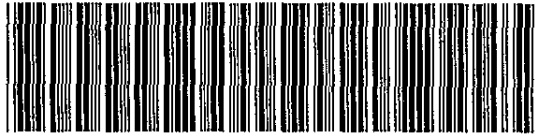
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 DEC 16 AM 9:55  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

12/16/04--01023--010 \*\*125.00

J. BRYAN DEC 27 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DELAMADREZ NIETO AND PARTNERS L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

JUAN ANDRES DELAMADREZ  
(Name of Person)

DELAMADREZ NIETO AND PARTNERS LLC.  
(Firm/Company)

199 EAST FLAGLER STREET # 147  
(Address)

MIAMI FL, 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN ANDRES DELAMADREZ at ( 305 ) 772.2335  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DELAMADRIZ NIETO AND PARTNERS LLC.

**ARTICLE II - Address:**

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

Principal Office Address:

199 EAST FLAGLER STREET #147

MIAMI FL, 33131

Mailing Address:

199 EAST FLAGLER STREET #147

MIAMI FL, 33131

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

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

JONATHAN BEYCE SHARON

Name

11430 S.W. 115<sup>th</sup> LANE

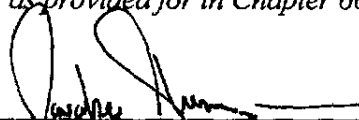
Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA 33176

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

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TALLAHASSEE, FLORIDA

**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

JUAN ANDRES DELA MADRIZ

11260 S.W. 114 TERRACE

MIAMI, FL 33176

MGRM

SERGIO NIETO

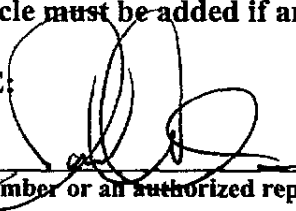
1825 PONCE DE LEON SUITE 197

CORAL GABLES FL 33134

(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.)

JUAN ANDRES DELA MADRIZ

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)