

105000008524

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000021269 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED

05 JAN 26 PM 3:43

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

604 tmp llc

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

2005 JAN 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

105-8524
JK

3

H05000021269

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

604 TMP LLC

ARTICLE I

The name of the Limited Liability Company shall: 604 TMP LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 18206 COLLINS AVENUE, SUNNY ISLES, FLORIDA 33160

ARTICLE IV

The name and the Florida street address of the registered agent are: HERNAN GLEIZER, 18206 COLLINS AVENUE, SUNNY ISLES, FLORIDA 33160

ARTICLE V

The name of the Managers shall be:

JORGE BRAVER

ELIAS TUACHI

2005 JAN 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H05000021269

H05000021269

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

604 TMP LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

HERNAN GLEIZER
Registered Agent


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.)

HERNAN GLEIZER
Typed or printed name of signee

H05000021269

FILED

2005 JAN 26 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA