## 1050000 21926

| (Re                     | questor's Name)   | ,         |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | #)        |
| PICK-UP                 | WAIT              | MAIL      |
| (Ви                     | siness Entity Nam | e)        |
| (Do                     | cument Number)    |           |
| Certified Copies        | Certificates      | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   | 34.1      |
|                         | Office Use Only   | 1         |



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## TRANSMITTAL LETTER

TO:

Registration Section

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

| Division of Cor            | porations                                   |  |  |   |
|----------------------------|---|--|--|---|
| SUBJECT:                   | ASKMETEN                                    | NIS LLC  |  |   |
|                            | (Name of Limited                            | Liability Company)   |  |   |
| The enclosed Articles of   | Organization and fee(s) are su              | bmitted for filing.  |  |   |
| Please return all correspo | ondence concerning this matter              | to the following:  |  |   |
| JAVIER (                   | QUIROGA                                     |  |  |   |
|                            | (N  | ame of Person)   |  |   |
| ASKMETENNIS LLC            | ;   |  |  |   |
|                            | (F  | irm/Company)   |  |   |
| 8430 HARD                  | ING Ave.                                    |  | <del></del>  |   |
|                            |   | (Address)  |  |   |
| MIAM                       | IBEACH, FL 33141                            |  |  |   |
|                            | (City/S                                     | State and Zip Code)  |  |   |
| For further information    | concerning this matter, please of           | call:  |  |   |
| JAVIER QUIROGA             |   | at (_786) 355-9735   | 2000<br>5.5<br>7.7.1   |   |
| (Name                      | of Person)                                  | (Area Code & Daytime Te  | elephone Number  | T |
| Enclosed is a check for    | or the following amount:                    |  | 7-2<br>MRY<br>ASSE   |   |
| □ \$125.00 Filing Fee      | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status Certified Copy (additional copy is enclosed) |   |

MAILING ADDRESS:

Registration Section
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:                               |  |            |
|---|--|------------|
| The name of the Limited Liability Company is    | :  |            |
| ٠ الم   |  |            |
| ASMETENNIS LLC                                  |  |            |
|   |  |            |
| ARTICLE II - Address:                           |  |            |
| The mailing address and street address of the p | rincipal office of the Limited Liability Con | npany is:  |
| D   |  |            |
| Principal Office Address:                       | Mailing Address:                             | •          |
| 8430 HARDING AVE.                               | 8430 HARDING AVE.                            |            |
| MIAMI BEACH, FL 33141                           | MIAMI BEACH, FL 33141                        |            |
|   |  |            |
|   |  | ~          |
| ARTICLE III - Registered Agent, Registered      | d Office, & Registered Agent's Signature     |            |
| The name and the Glouide street address of the  | 22   | <b>3</b> T |
| The name and the Florida street address of the  | registered agent are:                        | 73 mmm     |
| JAVIER QUIROGA                                  | 558X   | N 1        |
| Name  |  |            |
| 8430 HARDING AVE.                               | 广ッ<br>보고                                     |            |
| Florida street ad                               | Idress (P.O. Box NOT acceptable)             | <u>Q</u> . |
| MIAMI BEACH                                     | FL 33141                                     |            |
| City, State,                                    |  |            |
| <b>,</b> ,                                      | *  |            |

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, F.S..

Registered Agent's Signature

(CONTINUED)

| ARTICLE IV- Manage | r(s) | or Managing | Member( | s): |
|--------------------|------|-------------|---------|-----|
|--------------------|------|-------------|---------|-----|

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u>                              | Name and Address:  |
|--|--|
| "MGR" = Manager                            |  |
| "MGRM" = Managing Member                   |  |
| MGRM                                       | JAVIER QUIROGA   |
|  | 8430 HARDING AVE.  |
|  | MIAMI BEACH , FL 33141   |
|  | •  |
| MGRM                                       | MATIAS IGNACIO QUIROGA   |
|  | 8430 HARDING AVE.  |
|  | MIAMI BEACH , FL 33141   |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
| (Use attachment if necessary)              | المارية<br>ويراني  |
| NOTE: An additional article must b         | CO   |
| NOTE: An auditional article must b         | e added if an effective date is requested.   |
| REQUIRED SIGNATURE:                        | SS. SS.  |
| 1  | The state of the s |
|  |  |
| x /fene                                    |  |
| Signature of a member                      | or an authorized representative of a member.   |
| (In accordance with secti                  | on 608.408(3), Florida Statutes, the execution   |
| of this document constitu                  | ites an affirmation under the penalties of perjury   |
| that the facts stated her                  | ein are true.)   |
| JAVIER QUIROGA                             |  |
| Туре                                       | d or printed name of signee  |
| Filing Fees:                               |  |
| # 11111 # F FFE1                           |  |
| \$125.00 Filing Fee for Articles of Organi | zation and Designation   |

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)