**Division of Corporations** Public Access System

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(((H05000081689 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

# JIVISIDH OF CORPORATION LIMITED LIABILITY COMPANY

club life miami, llc

5 2005 T. Brumbley APR

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

## 3

# H05000081689

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

ARTICLE I - Name: The name of the Limited Liability Company is:					
CIUO Life Mis	Club Life Miami, LLC				
ARTICLE II - Add The mailing address		ss of the principal office of the Limited Li	iability Company is:		
Principal Office Address: 3338 Virginia Street		Mailing Address:	Mailing Address: 3338 Virginia Street		
		3338 Virginia Street			
Mismi, Florida	33193	Mismi, Florida 33133			
	Louis J. Te TERMINELLO 2700 S.W. 3	Registered Office, & Registered Agent's ess of the registered agent are: erminello, Esq. Name & TERMINELLO, P.A. 37th Avenue ida street address (P.O. Box NOT scceptable)	SEATON - LONGA		
-		FL 33133 City, State, and Zip			
liability company registered agent and statutes relating to	y at the place dest d agree to act in the othe proper and co ations of my positi	ent and to accept service of process for the ignated in this certificate, I hereby accept this capacity. I further agree to comply with complete performance of my duties, and I as ion as registered agent as provided for in Contend Agent's Signature	he appointment as h the provisions of all m familiar with and		

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MCRM" = Managing Member	Name and Address:
MGRM	Shaum Shahmazi 3338 Virginia Street Mismi, PL 33133
<del> </del>	
·	
(Use attachment if necessary)	S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	CACh-line
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated in Shown	
	ned or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- 3 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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