

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.

(((H05000087924 3)))

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

To:

Division of Corporations

Fax (umber : (850) 205-0383

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA,

Account Number : 076624003440 Phona : (305)444-6226

RECEIVED
05 APR 11 AH 11: 11
05 APR 10 CORPORATION

LIMITED LIABILITY COMPANY

TERIANNA, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Flectronic Filing Menu.

Corporate Filing

Pulalist Agreem Halm

ARTICLES OF ORGANIZATION

<u>OF</u>

TERIANNA LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of this Li nited Liability Company is: TERIANNA LLC.

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and cl' the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 351 NW LEJEUNE ROAD #204, MIAMI, FL 33126. The Board of Managers may from time to time move the principal office to another address in Florida.

H05000087924 3

5 APR II AM 8

My commission expires:

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That TERIANNALLIC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ALINA A. GARIIDO, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 351 NW LEJEUNE ROAD #204, MIAMI, FL 33126.

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a managermanaged company. The Initial Managers of the Company shall be ALINA A. GARIIDO and ANGEL E. GARIIDO of 351 NW LEJEUNE ROAD #204, MIAMI, FL 33126.

WITNESS the hand and seal o day of April, 2005.	of the Manager in Miami-Dade County, State of Florida, this	
STATE OF FLORIDA)	
) SS:	
COUNTY OF MIAMI-DADE)	
PERSONALLY appeared before me, ALINA A. GARIIDO, who produced FULLY MUELS as identification or is personally known to me, to be the Manager to the foregoing Articles of TERIANNA LLC., who being by me first duly sworn, acknowledges that she signed the same for the		
purposes therein ex; ressed.		
WITNESS my hand and seal at Miami-Dade County/Florida this day of April, 2005.		
Laura K.C. Commission #DI Expires: May 1 Bonded Tin Atlantic Bonding	3319617 6, 2008	
	ATLARGE	

H05000087924 3

05 APR 11 AM 8: 11

H05000087924 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That TERIANNA LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ALINA A. GARIIDO, as its Agent, of 351 NW LEJEUNE ROAD #204, MIAMI, FL 33126, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Registered Agent

ALINA A. GARIIDO April] , 2004

HY OF STATE