

LO5000038366

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.

(((H05000096804 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

FILED
05 APR 19 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 APR 19 AM 7:52
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

profan II, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

LO5-38366
De

405000096804

ARTICLES OF ORGANIZATION FOR
PROFAN II, L.L.C.
A FLORIDA LIMITED LIABILITY COMPANY

2

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROFAN II, L.L.C.

ARTICLE II - Address:

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

218 ALMERIA AVENUE
CORAL GABLES, FL 33134

ARTICLE III -

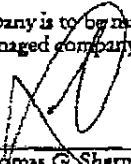
Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS G. SHERMAN, ESQ.
218 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

ARTICLE IV - Management (Check box if applicable)

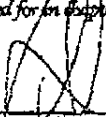
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.



Print Name: Thomas G. Sherman
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.)

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.



THOMAS G. SHERMAN, ESQ., P.A.
REGISTERED AGENT'S SIGNATURE

2005 APR 19 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

405000096804