

Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0385

From:
Account Name : WILLIAMS & MORRIS, P.A.
Account Number : 120530000069
Phone : (305) 467-2802
Fax Number : (305) 688-1682

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2005 APR 20 AM 9:58
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LIMITED LIABILITY COMPANY

Rico South Beach, L.L.C.

Certificate of Status	1
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FAX

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Date: 2005-04-20 06:21:33 GMT Phone: 786-256-6615

Re: LLC Application Fax: 3058477673

Comments:

Should you have any questions or concern do not hesitate to contact me at:

PH: 786-256-6615

FX: 305-847-7673

Thanks for your help,

Jay Romero

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RICO SOUTH BEACH, L.L.C.**ARTICLE II - Address:**

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

Principal Office Address:10925 WEST OKEECHOBEE RD
APT-102
HIALEAH, FLORIDA 33018**Mailing Address:**SAME**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

RONALD GARCIA

Name

10925 WEST OKEECHOBEE RD APT-102Florida street address (P.O. Box **NOT** acceptable)HIALEAH, FLORIDA 33018 FL

City, State, and Zip

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.

Ronald Garcia
Registered Agent's Signature

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

RONALD GARCIA

10925 WEST OKEECHOBEE RD APT-102

HIALEAH, FLORIDA 33018

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J. ALLEN REGISTRATIONS
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Ronald Garcia

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.)

RONALD GARCIA

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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