

W50000 48897

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.

((H05000125323 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
2005 MAY 17 AM 8:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

LIMITED LIABILITY COMPANY

big 44, l.l.c.

RECEIVED

05 MAY 17 AM 7:28

DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

W5-48897
a

Electronic Filing Menu

Corporate Filing

Public Access Help

405000125323

③

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

BIG 44, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: BIG 44, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 10556 N.W. 26TH STREET, D-101, DORAL, FL 33172

ARTICLE IV

The name of the Manager(s) for this Company shall be:

MANAGERS

RICARDO ECHEVERRIA

MAURO SCATTOLINI

ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 N.W. 26TH STREET, C-201, DORAL, FL 33172

2005 MAY 17 PM 8:54
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

405000125323

HU5UW100009

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

BIG 44, L.L.C.

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

CABANAS & ASSOCIATES, P.A.

Registered Agent

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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

2008 MAY 17 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H050000125323