

MAY-19-2005 02:52 DE :  
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) 205-0383

From:

Account Name : BERRIZ & GERALDO P.A.  
Account Number : 119990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

RECEIVED  
05 MAY 19 PM 4:03  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

ILJE, LLC.

FILED  
05 MAY 19 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**OF**

**ILJE, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**ILJE, LLC.**

**ARTICLE II - ADDRESS**

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

**600 BRICKELL AVE SUITE 503  
MIAMI, FL 33131**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**FERNANDO MAZZONI**

**600 BRICKELL AVE SUITE 503**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL 33131**

City, State, and Zip


**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33185  
(305) 486-9300**

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TALLAHASSEE, FLORIDA

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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..



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REGISTERED AGENT'S SIGNATURE

## ARTICLE IV- MANAGEMENT

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

NELIDA OSTROWER  
600 BRICKELL AVE SUITE 503  
MIAMI, FL 33131

MANAGER

LEONARDO DARIO KLEIMAN  
600 BRICKELL AVE SUITE 503  
MIAMI, FL 33131

MANAGER

NORBERTO EDUARDO KLEIMAN  
600 BRICKELL AVE SUITE 503  
MIAMI, FL 33131

MANAGER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 19 AM 8:40

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(An additional article must be added if an effective date is requested)



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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.)

**FERNANDO MAZZONI**

Typed or printed name of signee

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