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.

(((H050001381613)))

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

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

roncascar, l.l.c.

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

10.9

H05000 138161

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

RONCASCAR, L.L.C.

SECHLIFFICE FOR SALE

ARTICLE I

The name of the Limited Liability Company shall: RONCASCAR, 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: 7251 N.W. 113 COURT, DORAL ISLES, FL 33178

ARTICLE IV

The name of the Managing Member(s) for this company shall be:

Managing Members

HENRIQUE FERNANDEZ

7251 N.W. 113 COURT

DORAL ISLES, FL 33178

JOSEFINA FERNANDEZ

7251 N.W. 113 COURT DORAL ISLES, FL 33178

ARTICLE V

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

HD5000/38/6/

EMP I RE

EQ.9 JATOT

HUSUUIJOIWI

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

RONCASCAR, L.L.C.

(Nume of Company)

Having been name 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.

Caranas & 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

FILED

05 JUN -2 AM ID: 32

SECKE IN TALLAHASSEE, FLORIDA

HO5000138161