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Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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05 JUL 27 AM 7:57  
DIVISION OF CORPORATION

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2005 JUL 27 AM 9:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
INVERSIONES TOFAMA I LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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J. BRYAN JUL 28 2005

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
INVERSIONES TOFAMA I LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Mailing Address:**

2717 PONCE DE LEON BLVD  
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:

TAHIMARA TORRES M.

Name

2717 PONCE DE LEON BLVD

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

CORAL GABLES FL 33134

City, State, and Zip

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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.*

X Tahimara Torres  
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:**

MGRM

TAHIMARA TORRES M.  
2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

MGRM

TATHIANNY TORRES M.  
2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

MGRM

LUIS J. TORRES M.  
2717 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

X Tahimara Torres  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tahimara Torres M.  
Typed or printed name of signer

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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