

W5000075037

Florida Department of State  
Division of Corporations  
Public Access System

(3)

7/29

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.**

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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

M. HODGE

RECEIVED  
05 JUL 29 PM 12:46  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**escada, llc**

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

05 JUL 29 PM 12:46

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Escada, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

825 Brickell Bay Drive,  
Tower III, Suite 1650  
Miami, FL 33131

Same,  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gladys Pabao  
Name  
825 Brickell Bay Drive, Tower III, Suite 1650  
Florida street address (P.O. Box NOT acceptable)  
Miami, FL 33131  
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..

[Signature]  
Registered Agent's Signature

(CONTINUED)

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Received Time Jul.29. 10:55AM

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EXPIRE

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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:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

Mgrm

Gladys Patino

835 Brickell Bay Drive, Tower III, Suite 1650  
Miami, FL 33137

Mgrm

Gary Sisler

835 Brickell Bay Drive, Tower III, Suite 1650  
Miami, FL 33137

*\* the entity shall be member managed*  
(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



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.)

GLADYS PATINO

Typed or printed name of signor

**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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