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Florida Department of State

Division of Corporations

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DIVISION OF CORPORATION

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

LIMITED LIABILITY COMPANY

sole ecuador, llc

AL

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

SOLE ECUADOR, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company shall: SOLE ECUADOR, LLC

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: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

ARTICLE IV

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

JOSE G. MASSUH	10556 NW 26th STREET, D-101 DORAL, FL 33172
MARITZA MASSUH	10556 NW 26th STREET, D-101 DORAL, FL 33172
BYRON D. LEON	10556 NW 26th STREET, D-101 DORAL, FL 33172
PATRICIO SALVADOR	10556 NW 26th STREET, D-101 DORAL, FL 33172
JUAN C. SANTOS	10556 NW 26th STREET, D-101 DORAL, FL 33172

ARTICLE V

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SOLE ECUADOR, LLC

(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

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