

LOS0000 82212

Florida Department of State
Division of Corporations
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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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

inversiones cabral, llc

Certificate of Status	0
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M. Thomas AUG 22 2005

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

INVERSIONES CABRAL, LLC

ARTICLE I

The name of the Limited Liability Company shall: INVERSIONES
CABRAL, 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: 10556 NW 26th STREET, D101, DORAL, FL 33172

ARTICLE IV

The name of the managing member(s) for this company shall be:

Managing Member
FATIMA DA COSTA

7094 NW 109th COURT
DORAL, FL 33178

Managing Member
ROSA KARINA LORETO

7094 NW 109th COURT
DORAL, FL 33178

ARTICLE V

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

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

INVERSIONES CABRAL, 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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