

Aug 23 2005 9:36AM ECFS

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Division of Corporations

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Florida Department of State
Division of Corporations
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(((H05000201053 3)))

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Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
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LIMITED LIABILITY COMPANY
HAVOC WORLD WIDE DITRIBUTOR, LLC

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

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850-205-0381

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Florida Dept* of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 23, 2005

EXPRESS

SUBJECT: HAVOC WORLD WIDE DISTRIBUTOR, LLC
REF: W05000039716

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Lee Rivers
Document Specialist

FAX Aud. #: W05000201053
Letter Number: 305A00053385

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TALLAHASSEE, FLORIDA

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

(((H05000201053)))

**ARTICLES OF ORGANIZATION
FOR****HAVOC WORLD WIDE DISTRIBUTOR, LLC****ARTICLE I - Name:**

The name of the Limited Liability Company is:

HAVOC WORLD WIDE DISTRIBUTOR, LLC**ARTICLE II - Address:**

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

**141 NE 3RD AVENUE SUITE 406
MIAMI, FL 33132****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MARCO ARCE

Name

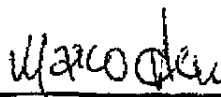
444 BRICKELL AVENUE SUITE 61-459

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.

**MARCO ARCE**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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ARTICLE IV – Manager(s) or Managing Member(s):
The name and address of each Manager or Managing or Member is as follows:

Title:

Name and Address:

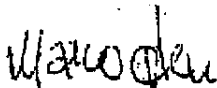
**MANAGER
MANAGER**

**MARCO ARCE
ANDRES P. NICHOLSON**

(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 808.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARCO ARCE

Typed or printed name of signer

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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