

W5000096398

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DIVISION OF CORPORATION

To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

main street, llc

Certificate of Status	0
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This Instrument Prepared By:
GLENN W. WILLIAMS, ESQ.
Law Offices of John P. Maas
44 N.E. 16th Street
Homestead, FL 33030
(305)247-7132.

(4)

ARTICLES OF ORGANIZATION

OF

MAIN STREET, LLC

ARTICLE I:

The name of this limited liability company shall be: MAIN STREET, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

22800 S.W. 207th Avenue
Miami, Florida 33170

ARTICLE III:

The name of the registered agent for MAIN STREET, LLC, is as follows:

Glenn W. Williams, Esquire
44 N.E. 16th Street
Homestead, FL 33030

ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by one member manager.

ARTICLE V:

The initial members of MAIN STREET, LLC, shall be:

Blake Christensen
22800 S.W. 207th Avenue
Miami, Florida 33170

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TALLAHASSEE, FL 32301

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Yvette Burcel Christensen
22800 S.W. 207th Avenue
Miami, Florida 33170

ARTICLE VI:

The initial managing member shall be:

Blake Christensen
22800 S.W. 207th Avenue
Miami, Florida 33170

DATED this 28th day of September, 2005.


BLAKE CHRISTENSEN

STATE OF FLORIDA)
 :
COUNTY OF MIAMI-DADE)

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TALLAHASSEE, FLORIDA

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BEFORE ME, the undersigned authority, personally appeared **BLAKE CHRISTENSEN**, to me well known to be the person described in and who acknowledged before me, according to law, that he made and subscribed the same for the purpose therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Dade County, State of Florida, this 28th day of SEPTEMBER, 2005.


NOTARY PUBLIC-STATE OF FLORIDA

My Commission Expires:

Print Name: Lisa Woods



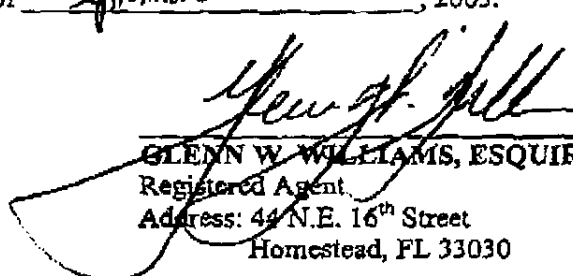
Lisa Woods
My Commission DD244505
Expires November 01 2006

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
OF
MAIN STREET, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION 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.

DATED this 28th day of September, 2005.


GLENN W. WILLIAMS, ESQUIRE
 Registered Agent
 Address: 44 N.E. 16th Street
 Homestead, FL 33030

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 TALLAHASSEE, FLORIDA

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