PAGE 01/03

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Division of Corporations Public Access System

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Account Name : XIOMARA LEE, P.A. Account Number : 120040000008 Phone : (305)262-2323

Frome : (305)262-2323 Fax Number : (305)262-2324

E LIMITED LIABILITY COMPANY

DCT INVESTMENT GROUP AND RIBO INVESTMENTS LLC

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## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

DCT	INVESTMENT GROUP AND	O RIBO INVE	STMENTS LLC	
ARTICLE II - Ad The mailing addres	idress: ss and street address of the	e principal o	ffice of the Limit	ed Liability Company
Principal Office A	Address:		Mailing Addres	89:
1900 SW 125TH CT			1900 SW 126TH	СТ
MIAMI, FL 33175			MIAMI, FL 33175	
				<u></u>
ARTICLE III - R	Registered Agent, Registe	red Office,		gent's Signature:
	Florida street address of ti		l agent are:	_
		ne registered	l agent are:	-
	Florida street address of ti	ne registered	l agent are:	TAL
	Florida street address of the JUAN Na 1900 SW 1	ne registered ZAS une 28TH CT		2005 OU SECRI TALLAI
	Florida street address of ti JUAN Na	ne registered ZAS une 28TH CT		2005 OCT   SECRETAL TALLAHAS
	Florida street address of the JUAN Na 1900 SW 1	he registered ZAS une 26TH CT (P.O. Box <u>NO</u>		SECRETARY ( TALLAHASSEE
	Florida street address of the JUAN No. 1900 SW 1 Florida street address MIAMI	he registered ZAS une 26TH CT (P.O. Box <u>NO</u>	T acceptable)	SECRETARY OF STALLAHASSEE. FL
The name and the been named as reging at the place designact in this capacity, mplete performance	Florida street address of the JUAN No. 1900 SW 1 Florida street address MIAMI	zas ume 28TH CT (P.O. Box NO rec, and Zip service of propereby accep with the pro- iliar with an	Tacceptable)  PRIDA 33175  Process for the above the appointment visions of all statud accept the oblig	ve stated limited liabil as registered agent a ues relating to the pro- vations of my position
The name and the been named as reging at the place designact in this capacity, mplete performance	Florida street address of the JUAN No. 1900 SW 1: Florida street address MIAMI City, Statistered agent and to accept mated in this certificate, I he I further agree to comply of my duties, and I am fam	zas ume 28TH CT (P.O. Box NO rec, and Zip service of propereby accep with the pro- iliar with an	Tacceptable)  PRIDA 33175  Process for the above the appointment visions of all statud accept the oblig	ve stated limited liabil as registered agent a ues relating to the pro- vations of my position
The name and the been named as reging at the place designact in this capacity, mplete performance	Florida street address of the JUAN No. 1900 SW 1: Florida street address MIAMI City, Statistered agent and to accept mated in this certificate, I he I further agree to comply of my duties, and I am fam	ZAS  Une  28TH CT  (P.O. Box NO  te, and Zip  service of proceeds accept with the pro- iliar with and in Chapter 6	Tacceptable)  ORIDA 33175  Pocess for the above the appointment visions of all statud accept the oblig 08, Florida Statut	ve stated limited liabil as registered agent a ues relating to the pro- vations of my position

(CONTINUED)

((HO50002463243))

Title:

(H050002463243))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = M "MGRM" =	∕lanager - Managing Member		
MGRM	JUAN ZAS		
	1900 SW 126TH CT	_	
	MIAMI, FL 33175	<del>-</del>	
MGR	RICARDO PIERDANT		
	1900 SW 126TH CT	<del>-</del> -	
	MIAMI, FL 33175	_	
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		_	
		_	
(Hee attacht	ment if necessary)	<u> </u>	
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REQUIRE	D SIGNATURA:	·	1
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	Signature of a member or an authorized representative of a member.		Name of the last
	(In accordance with section 608.408(3), Florida Statutes, the execution	& 0.7 8 19 15 8 19 16	
	of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	JUAN ZAS		
	Typed or printed name of signee		

Name and Address:

Filing Fers: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2