

L05000102975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

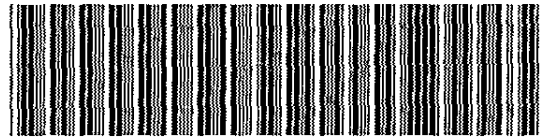
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 19 2005

**Polsinelli | Shalton
Welte | Suelthaus^{PC}**

100 South Fourth Street, Suite 1100 | St. Louis, MO 63102-1825
(314) 889-8000 | Facsimile: (314) 231-1776 | www.pswslaw.com

Robert S. Kenney
(314) 552-6875
rkenney@pswslaw.com

October 11, 2005

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**UNITED STATES MAIL
CERTIFIED MAIL / RETURN RECEIPT**

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Promissa

To Whom It May Concern:

Enclosed please find the Articles of Organization for the above, as well as a check in the amount of \$160 to cover the filing fee, a certified copy of the Articles of Organization, and a Certificate of Status.

Please return the Letter of Acknowledgement, a certified copy, and a Certificate of Status to the undersigned at:

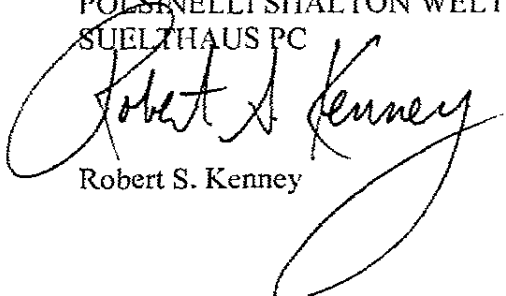
100 South Fourth Street, Suite 1100
St. Louis, Missouri 63102-1825.

My daytime telephone number is (314) 552-6875.

Thank you for your assistance in this matter.

Very truly yours,

POLSNELLI SHALTON WELTE
SUELTHAUS PC


Robert S. Kenney

RSK:dd
Enclosures
049622 / 104482
RSKEN 299217

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Promissa, LLC

ARTICLE II - Address:

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

Principal Office Address:

8517 NW 7th Street, Apartment 408
Miami, Florida 33126

Mailing Address:

8517 NW 7th Street, Apartment 408
Miami, Florida 33126

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Priscilla M. Matos

Name

8517 NW 7th Street, Apartment 408

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33126

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..



Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Cynthia S. Medina
4235 Colfax Avenue, Unit K
Studio City, California 91604

MGRM

Priscilla M. Matos
8517 NW 7th Street, Apartment 408
Miami, Florida 33126

MGRM

Milca J. Matos
462 Mt. Auburn Street, Apartment 4C
Boston, Massachusetts 02472

(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 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.)

Priscilla M. Matos, Managing Member

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA