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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

FILED
05 OCT 21 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/24/05

This organization will start operating on January 15, 2006.

LIMITED LIABILITY COMPANY

CAL INVESTMENTS USA, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

4/15/06

Electronic Filing Menu

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105 000 249 9803.

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

CAL INVESTMENTS USA, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

CAL INVESTMENTS USA, LLC.

ARTICLE II - ADDRESS

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

**191 SW PALM DR UNIT 207
PORT ST LUCIE, FL. 34986**

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TALLAHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ANDRES LOPEZ

191 SW PALM DR UNIT 207

Florida street address (P.O.BOX NOT acceptable)

PORT ST LUCIE, FL. 34986
City, State, and Zip

*Berriz & Giraldo P.A.
4080 SW 84 Ave
Miami, FL. 33155
(305) 485 9300.*

105 000 249 9803.

11/15/06

405 000 249 9803.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ANDRES LOPEZ
191 SW PALM DR UNIT 207
PORT ST LUCIE, FL. 34986

MANAGER

CARLOS CASTANEDA
191 SW PALM DR UNIT 207
PORT ST LUCIE, FL. 34986

MANAGER

CAMILO ALVARADO
191 SW PALM DR UNIT 207
PORT ST LUCIE, FL. 34986

MANAGER

(An additional article must be added if an effective date is requested)


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.)

ANDRES LOPEZ

Typed or printed name of signee

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1ST, 2006.

405 000 249 9803.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 21 AM 10:00

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