# Florida Department of

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 Phone : (305)634-3694 : (305)633-9696

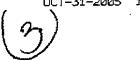
Fax Number

### LIMITED LIABILITY COMPANY

#### igit construction, lle

Certificate of Status Mame Certified Copy 1 Availability Page Count 03 Document DCC Examiner Estimated Charge \$155.00 DOC.

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## 05000254007

ARTICLES OF ORGANIZATION FO	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Compa	nv is:
THE HELD OF the District Associaty Compa	~, · · · · · · · · · · · · · · · · · · ·
ICIT Construction I.I.C.	
IGIT Construction, LLC	At their of Plant and At the A
(Winzi etig with the motest. Femined Presently Combend.	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
_	•
Principal Office Address:	Mailine Address:
20 <b>5</b> 0 NE 207th Street	20 <b>5</b> 0 NE 207th Street
Miami, FL 33179	Miami. FL 33179
	tered Office, & Registered Agent's Signature:
(The Limited Liability Company counts serve as its own butinest entity with an active Florida registration.)	Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Moises Corcia	
	Name
	•

	Name			
20 <b>7</b> 0 NE	207th Street			
	Florida street address (P.O. Box NOT acceptable)	ZATAT	2	
Miami	. <sub>FL</sub> 33179	LA LA	2005 NC	•

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 fastion as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED

(CONTINUED) Page 1 of 2

Title: "MGR" = Mar "MGRM" = M	nager Iznaging Member	Name and Address:	
MGRM		Moises Corcia	
<del></del>	<del></del>	2050 NE 207th Street	
		Miami, FL 33179	<del>-</del>
MGRM		Samuel Fleischer	_
		20/0 NE 207th Street	_
		Miami, FL 33179	_
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			_
	<del></del>	•	-
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(Use attachmer	nt if necessary)		_
•	• •	date of filing:	- ONAL)
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LE V: Effectiv fective date is I days after the	e date, if other than the listed, the date must be date of filing.)	e specific and cannot be more than five business	2005 2005
(Use attachmer LE V: Effective fective date is a days after the REOURED S	re date, if other than the listed, the date must be date of filing.)  IGNATURE: Signature of a membe	er or an authorized representative of a member.	ZOOS NOV
LE V: Effective date is leading after the	re date, if other than the listed, the date must be date of filing.)  IGNATURE: Signature of a member (In accordance with sex	er or an authorized representative of a member.	2005 NOV - 1

Filing Fees:

3125.00 Fling 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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