

Florida Department of State

Division of Corporations Public Access System

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From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

LIMITED LIABILITY COMPANY

CARBONELL HOLDINGS 1103, LLC

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11/3/05

FROM :,

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	my is:	
	dings 1103, LLC	
ARTICLE II - Address:	"Limited Company" or their abbraviation "LLC," or "I the principal office of the Limited Liabili	
Principal Office Address:	Mailing Address:	
901 Brickell Key Blyd	901 Brickell Key Blvd	
Unit 1103	Unit 1103	
Miami, Florida 33131	Mlami, Florida 33131	
1401 Brickell Florida str Mi		05 NOV -3 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and complaces the obligations of my position as	nd to accept service of process for the above ed in this certificate, I hereby accept the approperty. I further agree to comply with the pele performing of my duties, and I am fam segistered agent as provided for in Chapte Signature (REQUITED)	pointment as provisions of all uiliar with and

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Mana	Name and Address: ager maging Member		
MGRM	Anibal Cini 901 Brickell Key Blvd, Unit 1103 Miami, Florida 33131		
MGRM	Claudio Cini 901 Brickell Key Blvd, Unit 1103 Mismi, Florida 33131		
(Use attachment	if necessary)	SECRETARY FALLAHASSE	05 NOV -3
ARTICLE V: Effective	date, if other than the date of filing: November 3, 2005 (OP) sted, the date must be specific and cannot be more than five business.		
REQUIRED SIG	GNATURE:		
	Signature of a member or sa authorized representative of a member.		
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the paralties of perjury that the facts stated herein are true.)		
	Anibal Cini Typed or printed name of signes		

Filing Foogs

\$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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