

12/07/2005 14:36 305-44-9073

ALONSO & GARCIA

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Division of Corporations

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Please Effective DAY, Dec 9, 2005

Florida Department of State  
Division of Corporations  
Public Access System

EFFECTIVE DATE  
12/09/05

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To:

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

From:

Account Name : DOMINGO ALONSO C.P.A.  
Account Number : I20020000031  
Phone : (305) 448-3898  
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DIVISION OF CORPORATION

12/8

LIMITED LIABILITY COMPANY

ARTHEL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Please Effective DAY, Dec 9, 2005

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12/09/05

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARTHEI, LLC

(Must end with the words "Limited Liability Company," "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:**1000 ISLAND BOULEVARD SUITE 2004  
AVENTURA, FL 33160**Mailing Address:**1000 ISLAND BOULEVARD SUITE 2004  
AVENTURA, FL 33160**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

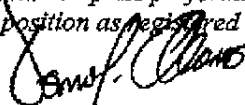
ALONSO & GARCIA, PA

Name

300 SEVILLA AVENUE SUITE 201Florida street address (P.O. Box **NOT** acceptable)CORAL GABLES, FL 33134

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 (REQUIRED)

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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:**

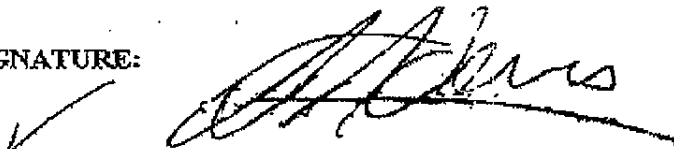
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRSERGIO ADAMES1000 ISLAND BOULEVARD SUITE 2004AVENTURA, FL 33160MGRANA DIAZGRANADOS1000 ISLAND BOULEVARD SUITE 2004AVENTURA, FL 33160MGRIVAN RATKOVICH19370 COLLINS AVENUE APTD 926AVENTURA, FL 33160MGRKAREN ANDREA MILLAN19370 COLLINS AVENUE APTD 926AVENTURA, FL 33160

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DECEMBER 9, 2006, (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

SERGIO ADAMES

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED**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)