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Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROFRA ARTCRAFTS LLC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 17, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FAS-T CORP. AGENTS, INC.

SUBJECT: ROFRA ARTCRAFTS LLC
REF: W06000007901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document SpecialistFAX And. #: H06000043506
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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ROFRA ARTCRAFTS 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:638 S MILITARY TRAIL
WEST PALM BEACH FLORIDA 33415**Mailing Address:**SAME**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:

PATRICIA CAMACHO COLLINS

Name

9937 NW 9 ST CIRCLE # 4

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

MIAMI FLORIDA FL 33172

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)

(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:

2006 FEB 17 A K

SECRETARY OF ST
TALLAHASSEE, FLC

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

JOSE DE JESUS HUMPHERYS
638 S MILITARY TRAIL
WEST PALM BEACH FLORIDA 33415

MGRM

ENEMORIO SALVADOR PINEDA VALENCIA
C VENUSTIANO CARRANZA20
TIJUANA B C MEXICO 22884


MGRM

PATRICIA CAMACHO COLLINS
9837 NW 9 ST CIRCLE # 4
MIAMI FLORIDA 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/16/2006 (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.)

PATRICIA CAMACHO COLLINS

Typed or printed name of signer