Florida Department of State Division of Corporations Public Access System Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H06000045583 3))) Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2006 FEB 20 To: Division of Corporations Fax Number : (850)205-0383 P ---From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

-----

# mlce, I.l.c.

t • • • •

1:38

06 FEB 20 PH

1

HO6000045583

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

#### MLCE, L.L.C.

#### ARTICLE I

## The name of the Limited Liability Company shall: MLCE, L.L.C.

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### **ARTICLE III**

The mailing address and street address of the principal office of the Street Limited Liability Company is: 10017 NORTH MIAMI AVE, MIAMI

#### ARTICLE IV

The name of the Managing Member(s) for this Company shall be:

Managing Member MARCOS PILOTO

#### ARTICLE V

The name and the Florida street address of the registered agent: GREGORY F. BETANCOURT, P.A., 6500 COW PEN ROAD, SUITE 303, MIAMI LAKES, FL 33014

H06000045583

2006 FEN 20

1019L P. 19

406000045583

### CERTIFICATE OF DESIGNATION **REGISTERED AGENT/REGISTERED** OFFICE/MEMBER/REPRESENTATIVE

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization. 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.

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.)

Marcos Piloto Typed or printed name of signee

406000045583