Florida Department of Strates 20 A 8:58

Division of Corporations Public Access System

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

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.

(((H06000045757 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205~0383

Account Name ; EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone

: (305)444-4994

Fax Number

: (305) 444-4977

ELORIDA/FOREIGN LIMITED LIABILITY CO.

DOTS AND SHAPES, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

# (((H06000045757))) FILED

## ARTICLES OF ORGANIZATION FEB 20 A 8: 58

DOTS AND SHAPES, LLC SECRETARY OF STATE

THE UNDERSIGNED, as a member or an authorized representative of a member of the Company, pursuant to to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named DOTS AND SHAPES, LLC

#### ARTICLE 1

The name of the Limited Liability Company is:

DOTS AND SHAPES, LLC

#### ARTICLE II

The mailing address and the street address of the principal office of the Limited Liability Company is:

1375 NW 97th Avenue, Bay # 12 MIAMI, FL 33172-2855121

#### ARTICLE III

This Limited Liability Company is organized to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

Transact any and all lawful business in the United States and abroad.

#### ARTICLE IV

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE V

The Limited Liability Company shall be managed by one or more managers and is therefore a manager-managed company. The initial members of the Company shall be two (2) to hold office until their successor (s) have been duly elected and qualified, or until their earlier resignation, removal from office or death. The number of Managers may increase or decrease in accordance with the procedure stated in the By-Laws of the Company.



### (((H06000045757)))

FILED

The name (s) and address (es) of the Managing Member (s) is (are):

GABRIEL CONTI 1375 NW 97<sup>TH</sup> AVENUE BAY # 12, MIAMI, FL 33 172-2855121

JORGE LAURITA 1375 NW 97<sup>TH</sup> AVENUE BAY # 12, MIAMI, FL 33172-2855121

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#### ARTICLE VI

The name and Florida street address of the Limited Liability Company's registered agent are:

Leopoldo G. Ries 2800 GLADES CIRCLE, SUITE E-102 WESTON, FL 33327

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 appointement 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 agregistered agent.

Signature of Registered Agent

Date: February 20, 2006.

IN WITNESS WHEREOF, the undersigned member or authorized representative of a member has signed these Articles of Organization this February 20, 2006.

Signature of Member or Authorized Representative of a Member