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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

pi llc

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PI LLC

ARTICLE II - Address:

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

Principal Office Address

3837 North Dade Blvd.  
Suite 135  
Tampa, FL 33624

Mailing Address:


3837 North Dade Blvd.  
Suite 135  
Tampa, FL 33624

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Alredo Pi  
3837 North Dade Blvd.  
Suite 135  
Tampa, FL 33624

*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 status 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:

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**Title:**

**Name and Address:**

Alredo Pi  
MGR

3837 North Dade Blvd.  
Suite 135  
Tampa, Florida 33624

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ana Guzman  
MGR

3837 North Dade Blvd.  
Suite 135  
Tampa, Florida 33624

**ARTICLE V:** Effective date, if other than the date of filing 02/23/2006

**REQUIRED SIGNATURE:**



Signature of 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.)

Alfredo Pi.

Typed or printed name of signer

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